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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)

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C Name of organization</b> The Moyer Foundation Doing Business As		<b>D Employer identification number</b> 91-2065051
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2426 32nd Avenue West 200		<b>E Telephone number</b> (206) 298-1217
		City or town, state or country, and ZIP + 4 Seattle, WA 98199		<b>G Gross receipts \$</b> 4,043,498.
		<b>F Name and address of principal officer:</b> same as C above		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c) (3) (insert no.)  4947(a)(1) or  527  
**J Website:** www.moyerfoundation.org  
**K Form of organization:**  Corporation  Trust  Association  Other  
**L Year of formation:** 2000 **M State of legal domicile:** WA

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <u>Support of organizations who meet the needs of children who are in severe distress, whether</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of employees (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	1800
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,395,247. Current Year: 2,659,070.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,781. 25,200.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	307,992.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,758,020. 2,684,270.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	586,754. 536,282.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25) <u>204,993.</u>	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	374,803. 308,606.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,621,024. 1,522,026.
	19	Revenue less expenses. Subtract line 18 from line 12	136,996. 1,162,244.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,049,041. End of Year: 4,316,586.
	21	Total liabilities (Part X, line 26)	1,268,778. 1,096,710.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,780,263. 3,219,876.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

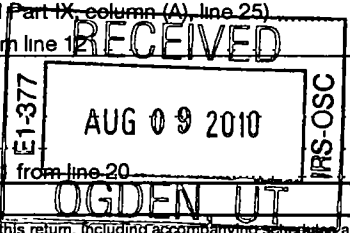
**Sign Here:** *OTAM S Pollock, Executive Director* Date: 8/4/10  
 Signature of officer: *OTAM S Pollock*  
 Type or print name and title: OTAM S Pollock, Executive Director

**Paid Preparer's Use Only:** Preparer's signature: *Tremper & Co., LLP* Date: 8/4/10  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Tremper & Co., LLP, 3131 Elliott Avenue; Ste. 290, Seattle, WA 98121  
 Preparer's identifying number (see instructions): [ ]  
 Phone no: 206-285-4456

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

See Schedule O for Organization Mission Statement Continuation

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17 G16

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The Moyer Foundation's mission is to offer encouragement, comfort and support to children who are enduring a time of profound distress - whether physical, emotional, or financial and to provide opportunities for enhancing overall wellness, stability and quality of life.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code: ) (Expenses \$ 1,187,481. including grants of \$ ) (Revenue \$ )
The Moyer Foundation was established in July, 2000, by Co-Founders Jamie Moyer, Major League All Star pitcher and his wife, Karen.

The Moyer Foundation has the largest bereavement camp in the country, Camp Erin, plus provides grants to organizations that help children who are enduring severe physical, emotional, or financial distress.

The Moyer Foundation is a 501(c)3 non-profit public foundation. It is governed through the direction of Co-Founders, Karen and Jamie Moyer along with a volunteer Board of Trustees. In addition, to ensure minimal overhead expense, the Foundation has a core of over 200 volunteers plus over 1,500 Camp Erin volunteers, providing technical

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,187,481.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	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? <i>If "Yes," complete Schedule F, Part II</i>		X
16	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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	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>1a</b>	0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>1c</b>			
<b>2a</b>	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		
<b>2a</b>	9		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **WA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **The Moyer Foundation - (206)298-1217**  
**2426 32nd Ave. W, Suite 200, Seattle, WA 98199**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Herb Blackinton Board Member	6.00	X					0.	0.	0.	
Brad Brotherton Board Member	4.00	X					0.	0.	0.	
Eddie Poplawski Board Member	4.00	X					0.	0.	0.	
Julie Richmond Board Member	4.00	X					0.	0.	0.	
Dave Roberts Board Member	4.00	X					0.	0.	0.	
William Savoy Board Member	4.00	X					0.	0.	0.	
Gary Pollock Executive Director	40.00	X			X		185,000.	0.	6,819.	
Susan Hansen Board Member	4.00	X					0.	0.	0.	
Stan Harrelson Board Member	4.00	X					0.	0.	0.	
Shelly Holm Board Member	4.00	X					0.	0.	0.	
Jamie Moyer Founder, President	10.00			X			0.	0.	0.	
Karen Moyer Founder, Vice President	25.00			X			0.	0.	0.	



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 2256288.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 402,782.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	23,337.				
	<b>h Total.</b> Add lines 1a-1f	▶	2659070.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____	Business Code			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶	43,235.		43,235.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
		<b>d</b> Net rental income or (loss)	▶			
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
		<b>d</b> Net gain or (loss)	▶	-18,035.		-18,035.
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,256,288. of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 748707.				
		<b>b</b> Less: direct expenses	<b>b</b> 748707.			
		<b>c</b> Net income or (loss) from fundraising events	▶	0.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities		▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
<b>Miscellaneous Revenue</b>		Business Code				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	▶					
<b>12 Total revenue.</b> See instructions.	▶	2684270.	0.	0.	25,200.	

**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 columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	677,138.	677,138.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	185,000.	115,787.	27,750.	41,463.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	244,009.	125,692.	41,600.	76,717.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,132.	13,828.	2,568.	4,736.
9 Other employee benefits	47,164.	30,861.	5,732.	10,571.
10 Payroll taxes	38,977.	25,504.	4,737.	8,736.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,345.		24,345.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	21,463.			21,463.
13 Office expenses	61,788.	40,686.	7,509.	13,593.
14 Information technology				
15 Royalties				
16 Occupancy	71,042.	46,779.	8,634.	15,629.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,695.	25,479.	4,703.	8,513.
23 Insurance	6,958.	4,581.	846.	1,531.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Camp Erin Expense</u>	70,036.	70,036.		
b <u>Miscellaneous</u>	8,091.	5,328.	983.	1,780.
c <u>Bad Debt Expense</u>	5,000.	5,000.		
d <u>Dues and Subscriptions</u>	1,188.	782.	145.	261.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,522,026.	1,187,481.	129,552.	204,993.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	143,354.	1	516,523.
	2	Savings and temporary cash investments	25,996.	2	99,572.
	3	Pledges and grants receivable, net	1,099,757.	3	1,943,191.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	50,449.	8	52,934.
	9	Prepaid expenses and deferred charges	420,108.	9	121,115.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 388,690.		
	b	Less: accumulated depreciation	10b 126,814.	10c 225,063.	261,876.
	11	Investments - publicly traded securities	1,073,318.	11	1,310,379.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,996.	15	10,996.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,049,041.	16	4,316,586.	
Liabilities	17	Accounts payable and accrued expenses	44,865.	17	97,720.
	18	Grants payable	1,104,513.	18	915,990.
	19	Deferred revenue	109,250.	19	83,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	10,150.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,268,778.	26	1,096,710.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	653,264.	27	597,567.
	28	Temporarily restricted net assets	1,126,999.	28	2,622,309.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	1,780,263.	33	3,219,876.
	34	<b>Total liabilities and net assets/fund balances</b>	3,049,041.	34	4,316,586.

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2009)

**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

**2009**

Open to Public  
inspection

Name of the organization **The Moyer Foundation** Employer identification number **91-2065051**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (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?
  - (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?
- h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

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

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,393,382.	1,542,149.	2,504,249.	1,395,247.	2,934,200.	9,769,227.
<b>2</b> 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	342,505.	1,394,118.	261,698.	307,992.	748,707.	3,055,020.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,735,887.	2,936,267.	2,765,947.	1,703,239.	3,682,907.	12,824,247.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	912,471.	686,578.	621,050.	157,861.	573,843.	2,951,803.
<b>b</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					10,419.	10,419.
<b>c</b> Add lines 7a and 7b	912,471.	686,578.	621,050.	157,861.	584,262.	2,962,222.
<b>8 Public support</b> (Subtract line 7c from line 6)						9,862,025.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1,735,887.	2,936,267.	2,765,947.	1,703,239.	3,682,907.	12,824,247.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,226.	135,499.	78,907.	54,781.	25,200.	333,613.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	39,226.	135,499.	78,907.	54,781.	25,200.	333,613.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	1,775,113.	3,071,766.	2,844,854.	1,758,020.	3,708,107.	13,157,860.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	74.95 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	69.77 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.54 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.74 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The Moyer Foundation

Employer identification number

91-2065051

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		11,200.	2,262.	8,938.
c Leasehold improvements		161,130.	26,233.	134,897.
d Equipment		79,044.	51,882.	27,162.
e Other		137,316.	46,437.	90,879.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>261,876.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,684,270.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,522,026.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,162,244.
4	Net unrealized gains (losses) on investments	4	277,369.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	277,369.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,439,613.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,516,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	277,369.
b	Donated services and use of facilities	2b	168,328.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	460,197.
e	Add lines 2a through 2d	2e	905,894.
3	Subtract line 2e from line 1	3	2,611,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	73,249.
c	Add lines 4a and 4b	4c	73,249.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,684,270.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,077,302.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	168,328.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	460,197.
e	Add lines 2a through 2d	2e	628,525.
3	Subtract line 2e from line 1	3	1,448,777.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	73,249.
c	Add lines 4a and 4b	4c	73,249.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,522,026.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XII, Line 2d - Other Adjustments:**

Project and suite expense recorded as a reduction in income on the 990: 105100.

Other in kind amounts reported as revenue for financial reporting purposes: 355097.

**Part XII, Line 4b - Other Adjustments:**

**Part XIV** Supplemental Information *(continued)*

Returned grant funds reported as a reduction in expense for: 0.  
financial reporting purposes: 73249.

Part XIII, Line 2d - Other Adjustments:

Project and suite expense recorded as a reduction in income on  
the 990: 105100.

Other in kind amounts reported as expense for financial  
reporting purposes: 355097.

Part XIII, Line 4b - Other Adjustments:

Returned grant funds reported as a reduction in expense for: 0.  
financial reporting purposes: 73249.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Dream Catchers	Celebrity Waiters	9	(add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	1,297,410.	255,018.	1,452,567.	3,004,995.
2	Less: Charitable contributions	1,091,126.	181,885.	983,277.	2,256,288.
3	Gross income (line 1 minus line 2)	206,284.	73,133.	469,290.	748,707.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	206,284.	73,133.	469,290.	748,707.
10	Direct expense summary. Add lines 4 through 9 in column (d)				( 748,707.)
11	Net income summary. Combine line 3, column (d), and line 10				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( _____ )
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____ _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____ _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

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

<b>13a</b>		%
<b>13b</b>		%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

**15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ .

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**The Moyer Foundation**

Employer identification number  
**91-2065051**

**Part I General Information on Grants and 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?  Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Swedish Medical Hospital 747 Broadway Seattle, WA 98122	91-0433740	501(c)(3)	50,000.	0.			Provide support to organizations that share common interests
Hutch School 1100 Fairview Ave N Seattle, WA 98109	23-7156071	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Youth Eastside Services 17719 Pacific Ave S PMB #401 Spanaway, WA 98387	84-1633143	501(c)(3)	50,000.	0.			Provide support to organizations that share common interests
Penn Home Care and Health Service 200 Erford Road Suite 115 Lemoyne, PA 17043	23-2407004	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Fernside 4380 Malsbary Road Suite 300 Cincinnati, OH 45242	31-1179234	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin
Kara Inc. 457 Kingsley Avenue Palo Alto, CA 94301	94-2431483	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

49.

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

Schedule I (Form 990) 2009

**Part III** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(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.

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Name of the organization

**The Moyer Foundation**

Employer identification number  
**91-2065051**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Hospice of the Florida Suncoast - 5771 Roosevelt Blvd - Clearwater, FL 33760	59-1744006	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin
VNA of Southeastern Massachusetts 502 Bedford Street Fall River, MA 02720	04-2105745	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin
The Community Hospice Foundation 295 Valley View Blvd Rensselaer, NY 12144	14-1608931	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin
Hospice By the Bay 17 E Sir Francis Drake Blvd Larkspur, CA 94939	94-2890791	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin
San Diego Hospice 4311 Third Ave San Diego, CA 92103	95-6336024	501(c)(3)	12,500.	0.			The establishment and operation of Camp Erin
Project Night Night 148 Beulah Street San Francisco, CA 94117	20-2877016	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
St. Leo Food Connection 710 South 13th Street Tacoma, WA 98405	91-0622353	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Mommy's Light P.O. Box 494 Lionville, PA 19353	23-2929922	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests

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

Schedule I-1 (Form 990) 2009

Name of the organization

**The Moyer Foundation**

Employer identification number  
**91-2065051**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Peter's Place 150 N Radnor-Chester Road Suite F13 Radnor, PA 19087	23-3062819	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
David Aker's Kicks for Kids P.O. Box 321 Voorhees, NJ 08043	61-1400383	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Phillies Charities One Citizens Bank Way Philadelphia, PA 19148	23-1994699	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Esperanza International Foundation 13219 NE 20th Street Suite 208 Bellevue, WA 98005	91-1585511	501(c)(3)	2,000.	0.			Provide support to organizations that share common interests
Friends of Youth 16225 NE 87th Street Suite A-6 Redmond, WA 98052	91-0672501	501(c)(3)	1,500.	0.			Provide support to organizations that share common interests
Assistance League of Eastside 16541 Redmond Way PMB 291 C Redmond, WA 98052	91-1723025	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Assistance League of Bellingham 1322 Cornwall Avenue Bellingham, WA 98225	91-1039776	501(c)(3)	3,000.	0.			Provide support to organizations that share common interests
Blue Skies for Children 1901 N State Street Suite B Bellingham, WA 98225	91-2061794	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public  
 Inspection**

Name of the organization

**The Moyer Foundation**

Employer identification number  
**91-2065051**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cheerful Givers 1287 Berry Ridge Road Eagan, MN 55123	41-1774632	501(c)(3)	2,000.	0.			Provide support to organizations that share common interests
Christmas House P.O. Box 717 Everett, WA 98206	91-1177244	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Helping Hands House P.O. Box 710 Puyallup, WA 98371	91-1275046	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Readiness to Learn Foundation P.O. Box 346 Langley, WA 98260	91-1864751	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Kindering Center 16120 NE 8th Street Bellevue, WA 98008	91-0816827	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Little Bit Therapeutic Riding Center - 19802 NE 148th Street - Woodinville, WA 98077	91-1012131	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Lydia Place P.O. Box 28487 Bellingham, WA 98228	94-3111948	501(c)(3)	7,500.	0.			Provide support to organizations that share common interests
Northwest Harvest P.O. Box 12272 Seattle, WA 98102	91-0826037	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests

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

Schedule I-1 (Form 990) 2009

Name of the organization

**The Moyer Foundation**

Employer identification number  
**91-2065051**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Old Town Christian Ministries 2006 J Street Bellingham, WA 98225	91-1346202	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Providence Hospitality House P.O. Box 22382 Seattle, WA 98122	91-1289932	501(c)(3)	4,000.	0.			The establishment and operation of Camp Erin
Ryther Child Center 2400 NE 95th Street Seattle, WA 98115	91-0564983	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
The Salvation Army 615 Slaters Lane P.O. Box 269 Alexandria, VA 22313	13-2923701	501(c)(3)	5,000.	0.			Provide support to organizations that share common interests
Vanessa Behan Crisis Nursery 1004 E. 8th Avenue Spokane, WA 99202	91-1196575	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
Way Back Inn Foundation P.O. Box 621 Renton, WA 98057	91-1548418	501(c)(3)	10,000.	0.			Provide support to organizations that share common interests
The Wendt Center For Loss & Healing - 4201 Connecticut Ave NW Suite 300 - Washington, DC 20008	52-1095105	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Good Grief Center P.O. Box 4564 Wenatchee, WA 98807	91-1981457	501(c)(3)	10,000.	0.			The establishment and operation of Camp Erin

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number  
**91-2065051**

**The Moyer Foundation**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Hospice of Seattle 425 Pontius Avenue North No. 300 Seattle, WA 98109	91-2077378	501(c)(3)	12,500.	0.			Provide support to organizations that share common interests
Hospice of Anchorage 500 W International Airport Rd. C Anchorage, AK 99518	92-0018009	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Camp Magik 3377 Ridgewood Road NW Atlanta, GA 30327	58-2568545	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Cornerstone of Hope 1430 Locust Ave Des Moines, IA 50309	05-0623289	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Sandcastles Grief Support - Henry Ford Health System Foundation - One Ford Place - 5F - Detroit, MI 48202	23-7383042	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Hospice of Kona P.O. Box 4130 Kailua Kona, HI 96745	99-0246297	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Our House 1663 Sawtelle Blvd. #300 Los Angeles, CA 90025	33-0529915	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Hospice Care of Southeast Florida 309 SE 18th St. Fort Lauderdale, FL 33316	59-2120945	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**The Moyer Foundation**

Employer identification number  
**91-2065051**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fairview Ridges Hospital 2450 Riverside Avenue Minneapolis, MN 55454	41-0991680	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Annie's Hope - The Bereavement Center for Kids - 1333 W. Lockwood, Suite 104 - St. Louis, MO 63122	43-1801433	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin
Temmy Latner Center for Palliative Care - Mount Sinai Hospital Foundation - 5690 Cavendish Blvd. - Quebec, CANADA	98-0210704	501(c)(3)	25,000.	0.			The establishment and operation of Camp Erin

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

The Moyer Foundation

Employer identification number

91-2065051

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2009



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **The Moyer Foundation** Employer identification number **91-2065051**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>Auction Items</u> )	X	0	94,762.	Fair market value an
26	Other ▶ ( <u>Website Desig</u> )	X	0	17,065.	Discount applied to
27	Other ▶ ( <u>Computers for</u> )	X	0	6,272.	Fair market value an
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The Moyer Foundation

Employer identification number  
91-2065051

Form 990, Part I, Line 1, Description of Organization Mission:

physical, emotional, or financial.

Form 990, Part III, Line 4a, Program Service Accomplishments:

expertise in the areas of marketing, accounting, legal counsel,  
printing, data base management and more.

The Moyer Foundation's mission is to offer encouragement, comfort and support to children who are enduring a time of profound distress - whether physical, emotional, or financial and to provide opportunities for enhancing overall wellness, stability and quality of life. To meet its broader mission, the Foundation provides grants and support to 501(c)3 non-profit organizations throughout Washington State and the US. Additionally, The Moyer Foundation provides startup and operating funds for the largest network of bereavement camps in the country - for children grieving the loss of a loved one. A list of grant recipients is attached.

In the current year, The Moyer Foundation supported over 30 organizations throughout Washington State and the US.

Form 990, Part VI, Section A, line 2: The founders Jamie and Karen Moyer are married.

Form 990, Part VI, Section A, line 8b: The Foundation does not have committees with the authority to act on the behalf of the governing body.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The Moyer Foundation

Employer identification number  
91-2065051

Form 990, Part VI, Section B, line 11: A copy of the form 990 is e-mailed to each board member and discussed at the board meeting following its completion.

Form 990, Part VI, Section B, Line 12c: As issues are presented to the board they are individually reviewed to determine if a conflict of interest has arisen or will arise.

Form 990, Part VI, Section B, Line 15a: Comparable executive salaries are provided to the board by an independent party. The board then reviews the Executive Director's salary and determines compensation.

Form 990, Part VI, Section C, Line 19: The Foundation's forms 990 are available through the State of Washington's charity navigator or Guidestar online services. The Foundation's other governing documents are available upon request.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	Buildings Leasehold	010104		60M	43	1,894.			1,894.	1,894.		0.
43	Improvements - LED Various Leasehold	011504		60M	43	717.			717.	717.		0.
44	LED Leasehold	022704		59M	43	1,163.			1,163.	1,163.		0.
45	Various Leasehold	031504		58M	43	936.			936.	936.		0.
46	Various Leasehold	042104		57M	43	968.			968.	968.		0.
47	Tritec Leasehold	060104		55M	43	441.			441.	441.		0.
48	Installation and Supplies Leasehold	010104		60M	43	3,200.			3,200.	3,200.		0.
58	Improvements	063007		360M	43	23,986.			23,986.	1,199.		800.
68	Painting of Conference Room	032007		360M	43	1,875.			1,875.	109.		63.
69	Office Remodel	093008		360M	43	76,883.			76,883.	641.		2,563.
70	Carpeting	090408SL		7.00	16	3,918.			3,918.	187.		560.
71	Storage fees for new equipment Leasehold	091908SL		5.00	16	2,691.			2,691.	135.		538.
75	Improvements	093008		360M	43	38,317.			38,317.	319.		1,277.
81	Carpet	021209SL		7.00	16	4,591.			4,591.			842.
84	Paint Front of Office	042009		360M	42	818.			818.			18.
	* 990 Page 10 Total					162,398.		0.	162,398.	11,909.	0.	6,661.
	Buildings Furniture & Fixtures											

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	2 Drawer Filing Cabinet	060102SL		5.00	16	300.			300.	300.		0.
17	4 Drawer Filing Cabinet	060102SL		5.00	16	650.			650.	650.		0.
18	4 Matching Cloth Chairs	060102SL		5.00	16	37.			37.	37.		0.
19	Chalkboard	060102SL		5.00	16	700.			700.	700.		0.
20	Cloth Rolling Chair #1	060102SL		5.00	16	180.			180.	180.		0.
21	Cloth Rolling Chair #2	060102SL		5.00	16	150.			150.	150.		0.
22	Coat Rack	060102SL		5.00	16	175.			175.	175.		0.
23	Computer Printer Stand	060102SL		5.00	16	60.			60.	60.		0.
24	Large Metal Desk	060102SL		5.00	16	930.			930.	930.		0.
25	Large Wooden Desk #1	060102SL		5.00	16	1,050.			1,050.	1,050.		0.
26	Large Wooden Desk #2	060102SL		5.00	16	1,050.			1,050.	1,050.		0.
27	Leather Rolling Chair #1	060102SL		5.00	16	200.			200.	200.		0.
28	Leather Rolling Chair #2	060102SL		5.00	16	200.			200.	200.		0.
30	Phillips VCR	060102SL		5.00	16	80.			80.	80.		0.
31	Refrigerator	060102SL		5.00	16	200.			200.	200.		0.
32	Round Table	060102SL		5.00	16	340.			340.	340.		0.
33	Matching Chairs	060102SL		5.00	16	400.			400.	400.		0.
34	Small Wooden Desk	060102SL		5.00	16	269.			269.	269.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
35	Small Wooden Desk w/ Hutch	060102SL		5.00	16	329.			329.	329.		0.
36	Sofa Table	060102SL		5.00	16	100.			100.	100.		0.
37	Wooden Cabinet	060102SL		5.00	16	730.			730.	730.		0.
38	File Cabinets	070203SL		7.00	16	491.			491.	388.		69.
39	Carpeting	122002		84M	43	1,733.			1,733.	1,508.		223.
40	Curtains	122002		84M	43	2,771.			2,771.	2,410.		358.
41	Curtains	010603		84M	43	1,386.			1,386.	1,188.		196.
54	Cubicles	010104SL		5.00	16	6,000.			6,000.	6,000.		0.
59	Office Furniture - Office Max	041807SL		5.00	16	14,614.			14,614.	4,871.		2,923.
60	Office Furniture - Office Max	052907SL		5.00	16	2,705.			2,705.	857.		541.
61	Office Workspace	060207SL		5.00	16	1,718.			1,718.	544.		344.
62	Office Furniture - Office Max	060207SL		5.00	16	1,852.			1,852.	587.		370.
63	Office Furniture - Office Max	081407SL		5.00	16	6,648.			6,648.	1,884.		1,330.
64	Office Furniture - Office Max	091307SL		5.00	16	7,365.			7,365.	1,964.		1,473.
65	Office Furniture - Office Max	101007SL		5.00	16	768.			768.	192.		154.
72	furniture - see per Deposit on Gary's	093008SL		5.00	16	21,198.			21,198.	1,060.		4,240.
77	furniture	010109SL		5.00	16	2,000.			2,000.			400.
78	Workspace	011309SL		7.00	16	2,304.			2,304.			329.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	Hanging Systems	021009SL		7.00	16	923.			923.			121.
80	Workspace	021209SL		7.00	16	6,513.			6,513.			1,194.
82	Curtains	022709SL		7.00	16	623.			623.			104.
83	Framing	032609SL		7.00	16	1,325.			1,325.			142.
85	Framing	043009SL		7.00	16	1,325.			1,325.			126.
	* 990 Page 10 Total Furniture & Fixtur Machinery & Equipment					92,392.		0.	92,392.	31,583.	0.	14,637.
1	Brother Printer	060102SL		5.00	16	200.			200.	200.		0.
2	Compag Computer #1	060102SL		3.00	16	1,000.			1,000.	1,000.		0.
3	Compag Computer #2	060102SL		3.00	16	1,000.			1,000.	1,000.		0.
4	Compag Laptop #1	060102SL		3.00	16	900.			900.	900.		0.
5	Compag Laptop #2	060102SL		3.00	16	1,000.			1,000.	1,000.		0.
6	Dell Computer	060102SL		3.00	16	900.			900.	900.		0.
7	Gateway Computer #1	060102SL		3.00	16	900.			900.	900.		0.
8	Gateway Computer #2	060102SL		3.00	16	1,000.			1,000.	1,000.		0.
9	HP Printer	060102SL		5.00	16	200.			200.	200.		0.
10	Printer/Scanner/Fax	060102SL		5.00	16	652.			652.	652.		0.
11	Intel Computer	060102SL		3.00	16	400.			400.	400.		0.

928102 06-24-09 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
12	Lexmark Printer	060102SL		5.00	16	2,419.			2,419.	2,419.		0.
13	Panasonic Fax machine	060102SL		5.00	16	250.			250.	250.		0.
14	ACTEVA.COM computer w/ symantec	052305SL		5.00	16	2,053.			2,053.	1,506.		411.
15	10 Hewlett Packard Computers/Monitors	070105SL		5.00	16	10,000.			10,000.	7,000.		2,000.
29	Panasonic TV	060102SL		5.00	16	180.			180.	180.		0.
49	New Phones	011504SL		5.00	16	5,070.			5,070.	5,070.		0.
50	HP Computers and Compag Monitors	022004SL		3.00	16	2,854.			2,854.	2,854.		0.
51	Phones	030804SL		5.00	16	564.			564.	543.		21.
52	Pepsi Machine	040104SL		5.00	16	588.			588.	557.		31.
53	Phones	121504SL		5.00	16	2,124.			2,124.	1,732.		392.
55	Hard Drives NW	032906SL		5.00	16	613.			613.	338.		123.
56	OM Workspace Hewlett Packard	121906		24M	43	4,042.			4,042.	4,042.		0.
57	Computer & Monitor	101006SL		5.00	16	1,234.			1,234.	555.		247.
66	Photo Copier	060607SL		5.00	16	23,700.			23,700.	7,505.		4,740.
67	Computer & Monitor, 4 Computers	082707SL		5.00	16	5,356.			5,356.	1,428.		1,071.
73	Refrigerator	063008SL		5.00	16	545.			545.	55.		109.
74	4 Computers, 4 monitor's, 2 notebooks	082708SL		5.00	16	5,542.			5,542.	369.		1,108.
76	Phone System	091908SL		5.00	16	1,528.			1,528.	76.		306.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
96HP	Tower	060109SL		5.00	16	349.			349.			41.
97HP	Tower	060109SL		5.00	16	349.			349.			41.
98HP	Tower	060109SL		5.00	16	349.			349.			41.
99HP	Tower	060109SL		5.00	16	349.			349.			41.
10022"	Monitor	060109SL		5.00	16	245.			245.			29.
10122"	Monitor	060109SL		5.00	16	245.			245.			29.
10222"	Monitor	060109SL		5.00	16	245.			245.			29.
10322"	Monitor	060109SL		5.00	16	245.			245.			29.
104HP	Probook	060109SL		5.00	16	899.			899.			105.
105HP	Probook	060109SL		5.00	16	899.			899.			105.
106HP	Compaq Notebook	060109SL		5.00	16	1,049.			1,049.			122.
107HP	Compaq Notebook	060109SL		5.00	16	1,049.			1,049.			122.
	* 990 Page 10 Total Machinery & Equipm					83,086.		0.	83,086.	44,631.	0.	11,293.
	Other											
86	Website Design	021209SL		5.00	16	7,635.			7,635.			1,400.
87	Website Design	022709SL		5.00	16	6,757.			6,757.			1,126.
88	Website Design	031509SL		5.00	16	2,741.			2,741.			457.
89	Website Design	050209SL		5.00	16	7,635.			7,635.			1,018.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
90	Website Design	052209SL		5.00	16	2,483.			2,483.			290.
91	Website Design	062509SL		5.00	16	8,311.			8,311.			831.
92	Website Design	072209SL		5.00	16	1,379.			1,379.			115.
93	Website Design	081509SL		5.00	16	1,724.			1,724.			144.
94	Website Design	081509SL		5.00	16	7,754.			7,754.			646.
95	Website Design	112809SL		5.00	16	4,395.			4,395.			73.
	* 990 Page 10 Total					50,814.		0.	50,814.		0.	6,100.
	Other					388,690.		0.	388,690.	88,123.	0.	38,691.
	* Grand Total 990											
	Page 10 Depr & Amor											

4562

Form Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

The Moyer Foundation

Form 990 Page 10

Identifying number 91-2065051

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 250,000. Line 3: 800,000. Line 13: 33,193.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance. Line 16: 33,193.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A Table with 2 rows for MACRS deductions. Line 17: 33,193.

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 22: 33,193. Line 23: 33,193.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	--	------------------------	--------------------------	-------------------------------	---------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2009 tax year:  
 Paint Front of Office 042009 818. 360M 18.

**43** Amortization of costs that began before your 2009 tax year **43** 5,480.

**44** Total. Add amounts in column (f). See the instructions for where to report **44** 5,498.