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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2009

Open to Public Inspection

A	or the	2009 calend	ar year,	or tax year beginning	, 2009,	and ending			, 2	<u> </u>
B (heck if ap	opticable	Please	C Name of organization			D Empl	oyer iden	lification nun	nber
	Address c	hange	use IRS label or	Bonanza Quick Response Team			l	93-0	0812537	
	Name cha	nda	print or	Number and street (or P.O. box, if mail is not delivered to street ad	dress)	Room/suite	E Telep	hone num	ber	
=	Initial retur		type.	PO Box 363	·			541-	545-6705	
Щ.	Terminate	d	See Specific	City or town, state or country, and ZIP + 4		L	 			
=	Amended		Instruc-	-			•	p Exemp	วนเอก	
브	Application	n pending	tions.	Bonanza, Or 97623-9794			4	nber -		
	• Sect	tion 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable trusts must	attach		-		✓ Cash □	Accrual
_			a cor	npleted Schedule A (Form 990 or 990-EZ).			(specify			
						H Chec	k ▶ 🗹	if the org	anization is	not
1.	Vebsit	e: ►				requi	red to att	ach Sche	eaule B (For	m 990,
Ji	ax-exe	mpt status (check o	nly one) — ☐ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or	52	27 990-1	EZ, or 99	0-PF).		
	Zheck ▶			zation is not a section 509(a)(3) supporting organization and i			normally	not more	than \$25 00	20. A
				turn is not required, but if the organization chooses to file a						, , , , , , , , , , , , , , , , , , ,
				e 9 to determine gross receipts; if \$500,000 or more, file Form 9				\$		40717
	art i	Povenu	D, LO HIR	enses, and Changes in Net Assets or Fund B	alanc	es (See the	inetru		or Part I \	
							i i i Sii u		or rait i.)	4500
	1		_	ts, grants, and similar amounts received				1		1563
	2	_		evenue including government fees and contracts .				2		0
	3	Membersh	ip dues	and assessments				3		6495
	4	Investmen	t incom	e				4		21
	5a	Gross amo	ount fro	m sale of assets other than inventory	5a		0	1		
	Ь	Less: cost	or othe	er basis and sales expenses	5b		0			
	C	Gain or (lo	ss) fron	n sale of assets other than inventory (Subtract line 5b	from li	ine 5a)		5c		0
9	6			rvities (complete applicable parts of Schedule G). If any amount is fr						
9	a			ot including \$ 0 of contributions	•	Q.	_	1		
Revenue	"		•)	6a	I	0			
<u>a</u>	_	•		•	6b					
	b			nses other than fundraising expenses		l				
	_c			ss) from special events and activities (Subtract line 6b		line ba)		6c		
	7a			rentory, less returns and allowances	7a		0			
	b	Less: cost	~		7b	L	0			
	С	Gross prof	fit or (lo	ss) from sales of inventory (Subtract line 7b from line	7a) .			7c		0
	8			billing for services rendered, signs sold)	8		32638
	9	Total reve	nue A	dd lines 1, 2, 3, 4, 5c, 6c) /c, and 8	<u> </u>	<u> </u>	_, ▶	9		40717
	10	Grants and	Simila	r amounts paid (ettach eshedule)				10		0
	11	Benefits pa	aid to o	r for members				11		
Ø	12			mpensation, and employee benefits				12		0
Expenses	13			and the payments to independent contractors				13		0
ē	14			utilities, and maintenance				14		937
Ä	15	•	• • •	ons, postage, and shipping			• •	15		457
	16			describe Insurance, billing, training, fuel				16		37154
	ł		-							38548
_	17	Typeses er	/d-6-4	Add lines 10 through 16			· -	17		2169
ats.	18							18		2109
88	19			d balances at beginning of year (from line 27, colure reported on prior year's return)		(must agre	e with			
Š	l					A L	• •	19		213287
Net Assets	20			net assets or fund balances (attach explanation) .		F. 100	• •	20		14983
	21			balances at end of year. Combine lines 18 through		· ·	▶	21		228270
Р	art II	Balance	e Shee	ots. If Total assets on line 25, column (B) are \$1,250,0	100 or					
				(See the instructions for Part II.)		(A) Be	ginning of		(B) End of	year
22	2 Ca	ash, savings	, and ir	vestments				36459 22	2	89257
23	3 La	and build	dings .				10	00000 23	3	100000
24	Ot	ther assets (describ	e Ambulance and supplies)		26828 24	\$	39013
2		tal assets					21	3287 25	5	228270
26		otal liabilitie			•	`,		0 20		0
27				palances (line 27 of column (B) must agree with line 2	21) .		21	3287 27		228270

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

Form 990-EZ (2009)

Cat. No. 106421

om 9 Par	90-EZ (2009) Statement of Program Service Accom	plishment	s (See the instr	uctions for Part II	l.)	<u></u>	Page 2 Expenses
Desc nanr	is the organization's primary exempt purpose? ribe what was achieved in carrying out the orgor, describe the services provided, the number of program title.	emergeno anization's	cy ambulance trea	trnent and transposes. In a clear ar	rtation nd concise	501(c) organ	lired for section)(3) and 501(c)(4) izations and section (a)(1) trusts; optional hers.)
28	Transported 80 patients to the hospital and treated r	numerous o	thers who were n	ot transported			
	(Grants \$) If this amount	includes fo	preign grants, ch	eck here	. ▶ 🗆	28a	38548
29							
30	(Grants \$) If this amount	includes fo	oreign grants, ch	eck here	. ▶ 🗆	29a	
						20-	
	Other program services (attach schedule)	• • •		eck here eck here	. P	30a 31a	
	Total program service expenses (add lines 28a				•	32	38548
Pari						instruc	tions for Part IV.)
	(a) Name and address	hou	e and average rs per week ed to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
	Luttrell, PO Box 508, Bonanza, Or 97623 i45-1331	President	6	0		0	0
	Wiersma, PO Box 177, Bonanza, Or 97623 i45-6315	Secretary	6	0		0	0
541-	ert Collom, 6640 Philpott Ln, Bonanza, Or 97623 645-6705	Treasurer	6	0		0	0
541-	y Sweat, 27770 Hwy 70, Bonanza, Or 97623 345-6787	Director	6	0		0	0
541- (el Hankins, 3475 Burgdorf Rd, Bonanza, Or 97623 645-6055 Ia Manning, PO Box 44, Bonanza, OR 97623	Director	6	0		0	0
	645-6559	Director	6	0		0	0
	Sticklen, PO Box 313, Bonanza, Or 97623 345-3013	Director	6	0		0	0
		-					
		-					
		<u>-</u>					
						_	

Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		\
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	ĺ		
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Oregon			
42 a	The organization's books are in care of ▶ Robert Collom Telephone no. ▶	41-54	5-670	5
		97623	-9794	
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	<u> </u>	Yes	No
	account)?	42b		✓
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	_	. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			0
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		./
	. <u> </u>)-EZ	A A

Page	4
гедо	-

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	1/(a)(1) nonexempt (onexem charitable	trusts mus	le trusts only. At answer question	ll sec ons 40	tion 6–49b
46	Did the organization engage in direct or indirect	political campaign ac	ctivities on	behalf of or	in opposition to		Yes No
	candidates for public office? If "Yes," complete \$					46	1
47	Did the organization engage in lobbying activities	s? If "Yes," complete:	Schedule (C, Part II .		47	√
	Is the organization a school as described in section				Ε	48	✓
49a	Did the organization make any transfers to an ex	empt non-charitable r	elated org	anization? .		49a	/
b	If "Yes," was the related organization a section 5	27 organization? .				49b	─
50	Complete this table for the organization's five his employees) who each received more than \$100,	ghest compensated e 000 of compensation t	mployees from the o	(other than o rganization. I	fficers, directors, ' f there is none, en	truste ter "N	es and key lone."
-	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c)	Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expense count and rallowances
None							
							<u> </u>
51	Complete this table for the organization's five \$100,000 of compensation from the organization				ors who each rec	eived	more than
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Typ	e of service	(c) Co	mpensation
None							0
d	Total number of other independent contractors of	each receiving over \$1	00,000 .	.▶	0		
	Under penalties of perjury, I declare that I have examinated belief, it is true, correct, and complete. Declaration	ed this return, including according to of preparer (other than office	ompanying so er) is based o	hedules and sta n all information	ternents, and to the be- of which preparer has	st of my any kno	/ knowledge owledge.
Sign Here	Signature of officer Robert Collon Tord Type or print name and title	asuver			Date Cate	3, 3	2010
Paid Prepare	Preparer's signature	Dat	1 :	Check if self- employed >	Preparer's identifying nur	niber (Se	e instructions)
Use On	Firm s name (or			Ell Ph	. on eno		
May th	e IRS discuss this return with the preparer show	n above? See instructi	ons	· · · · ·	▶ [Yes m \$8	□ No 0-EZ (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

Open to Public Inspection

Nam	of t	he organization	<u> </u>	 					Employe	r identifica	tion number	
Bor	anz	a Quick Res	ponse Team						93		812537	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 through	h 11, ch	eck only	one box.)		
1	Ŏ			rches, or association								
2				on 170(b)(1)(A)(ii). (Att								
3				nospital service organ		-	ın sectio	n 170(b)	(1)(A)(iii).			
4				tion operated in conj						170(b)(1)(A)(iii). Ente	r the
		hospital's na	ame, city, and st	ate:					- -			
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	l unit descnt	oed in
6				ernment or governme	entai unıt	describe	d in sect	ion 170(t	o)(1)(A)(v)			
7			_	receives a substantia							the general r	oublic
				1)(A)(vi). (Complete F				•			,	
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9	\checkmark	An organizat	tion that normally	receives: (1) more that	an 331/3 %	of its su	pport fro	m contrib	utions, m	embershi	p fees, and	gross
				ed to its exempt funct								
				ent income and unre						511 tax)	from busin	esses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(a)(2). (Co	omplete H	art III.)			
10	\Box	•	•	nd operated exclusive	-		_					
11	Ш			and operated exclusiv								
				blicly supported organ								ction
		_		at describes the type	-							
		a ☐ Type		7.		e III-Fun	-	•			Type III-O	
е	LJ			tify that the organizat on managers and othe								
		-	section 509(a)(2)	_	r triair on	e or more	Publicly	supporte	u organiz	alions de	SCHDEG III St	SCHOIL
f					ion tom	the IDC	that it is	a Type	I Tuno II	or Tuno	III augaarti	
•		_	, check this box	a written determinati	ion iroin	ille ino	unau ii is	a Type	i, rype ii	, or type	iii supporti	''9 _
g		•	•	the organization acce	onted any	 / aift or c	 antributio	on from a	nv of the			
9		following pe		and organization adds	, prod a,	, g c. c			, 00			
		•		r indirectly controls, e	either alo	ne or too	ether wit	th persor	ns descrit	oed in (ii)	Yes	No
			-	ning body of the supp		_					11g(i)	
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	<u> </u>
<u>h</u>		Provide the	following inform	ation about the suppo								
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		sthe ion in col.	(vii) Amoun	
	Orę	gai ii zulioi i	1	above or IRC section		document?	col. (i)	of your	(i) organi	zed in the	support	
				(see instructions))	<u> </u>	T		port?		S?		
		-			Yes	No_	Yes	No	Yes	No		
						ļ						
						 						
						ļ	ŀ					
						 						
]	1		ļ]			
	_											•
						<u> </u>						
					 							
Tota	al					ļ	[l				

1 A. Public Support						1
lar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006_	(c) 2007	(d) 2008	(e) 2009	(f) Total
ts, grants, contributions, and mbership fees received. (Do not lude any "unusual grants.")			!			
revenues levied for the organization's nefit and either paid to or expended on behalf						
e value of services or facilities hished by a governmental unit to the ganization without charge					!	
tal. Add lines 1 through 3			<u> </u>		ļ ————	ļ
e portion of total contributions by each rson (other than a governmental unit or policy supported organization) included line 1 that exceeds 2% of the amount own on line 11, column (f)						
blic support. Subtract line 5 from line 4.	<u> </u>	<u></u>		L	<u> </u>	<u>L</u>
n B. Total Support	,	,		<u></u> -		,
lar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
nounts from line 4	<u></u>	ļ	ļ			
oss income from interest, dividends, yments received on securities loans, its, royalties and income from similar urces						
t income from unrelated business invities, whether or not the business is jularly carned on						
ner income. Do not include gain or s from the sale of capital assets to plain in Part IV.)						
tal support. Add lines 7 through 10 .	L			L	ļ	<u> </u>
oss receipts from related activities, etc					12	 -
st five years. If the Form 990 is for parization, check this box and stop he	re	<u> </u>				
n C. Computation of Public Su	pport Perce	ntage			_	·
blic support percentage for 2009 (line	6, column (f) d	•	,,		14	
blic support percentage from 2008 Sc					15	
% % support test—2009. If the organid stop here. The organization qualifies						
re, and if the organization meets the "f	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pari	t IV how the
re, and if the organization meets the "lanization meets the "facts-and-circumsta	acts-and-circurances" test. The	nstances" test, o organization qua	check this box a diffes as a public	and stop here. dy supported or	Explain in Part ganization	IV how the
× 9 11 3 7 16	and stop here. The organization qua- 6-facts-and-circumstances test — 20 re, and if the organization meets the "fanization meets the "facts-and-circum- 6-facts-and-circumstances test—2008 re, and if the organization meets the "facts-and-circumstances test—2008	and stop here. The organization qualifies as a pub 6-facts-and-circumstances test—2009. If the organize, and if the organization meets the "facts-and-circumstances" test 6-facts-and-circumstances test—2008. If the organization meets the "facts-and-circumstances the "facts-and-circumstances" test. The and if the organization meets the "facts-and-circumstances" test. The	and stop here. The organization qualifies as a publicly supported of 6-facts-and-circumstances test—2009. If the organization did not die, and if the organization meets the "facts-and-circumstances" test, anization meets the "facts-and-circumstances" test. The organization 6-facts-and-circumstances test—2008. If the organization did not cheater, and if the organization meets the "facts-and-circumstances" test. The organization quantization meets the "facts-and-circumstances" test. The organization quantization meets the "facts-and-circumstances" test.	and stop here. The organization qualifies as a publicly supported organization . 6-facts-and-circumstances test—2009. If the organization did not check a box on re, and if the organization meets the "facts-and-circumstances" test, check this box anization meets the "facts-and-circumstances" test. The organization qualifies as a 6-facts-and-circumstances test—2008. If the organization did not check a box on line re, and if the organization meets the "facts-and-circumstances" test, check this box anization meets the "facts-and-circumstances" test. The organization qualifies as a public	and stop here. The organization qualifies as a publicly supported organization	4% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more and stop here. The organization qualifies as a publicly supported organization

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.)

Sec	tion A. Public Support	·					
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4936	6805	9712	11057	1563	34073
2	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.	32692	20872	37874	34990	40717	167415
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 37628	0 27677	0 47586	0 46047	0 42280	0 201488
6	Total. Add lines 1 through 5	3/020	2/0//	47 380	40041	42200	201900
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				_		
	amount on line 13 for the year	0	0	0	0	0	0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
	line 6.)						201488
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		37628	27677	47586	46047	42280	201488
9 10a	Amounts from line 6						
	sources	675	91	1950	31	21	2768
b	Unrelated business taxable income (less section 511 taxes) from businesses	0	0	o	o	0	0
С	acquired after June 30, 1975	675	91	1950	31	21	2768
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	38303	27768	49536	46078	42301	204256
14	First five years. If the Form 990 is for to organization, check this box and stop to					ear as a section	n 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column ((f)	15	98.6 %
<u>16</u>	Public support percentage from 2008 S			<u> </u>	· · · · · · · · · · · · · · · · · · ·	16	98.6 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009				olumn (f)) .	17	1.3 %
18	Investment income percentage from 20					18	1.4 %
19a	33% % support tests – 2009. If the orga 17 is not more than 33% %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions >

ichedule A (f	form 990 or 990-EZ) 2009		Page 4
Part IV	Supplemental Information. Complete Part II, line 17a or 17b; and Part III, lin	e this part to provide the explanations required ne 12. Provide any other additional information.	by Part II, line 10; See instructions.
			••••
•			
			•••••

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Inspection

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	organization answered "Yes Section 501(c)(4), (5), or (6) orga	s," to Form 990, Part IV, line 5 (Proxy	Tax), then		
	ne of organization	unzations. Complete r art in.		Employe	r identification number
	nanza Quick Response Te	am		93	0812537
	t-I-A Complete if the	organization is exempt unde	r section 501(c		
1 2 3	Provide a description of th	e organization's direct and indirect	t political campai	gn activities in Part IV.	0 1680
Par	t I-B Complete if the	organization is exempt unde	er section 501(c)(3).	·
	Enter the amount of any enter the amount of any enter the organization incurred was a correction made? If "Yes," describe in Part In tile Complete if the	xcise tax incurred by the organization xcise tax incurred by organization a section 4955 tax, did it file Forman and the control of the contr	managers under managers under m 4720 for this year.	\$\\ \\$\\ \\$\\ \\$\\ \\$\\ \\$\\ \\$\\ \\$\\	. Yes No
1		expended by the filing organization		' exempt function	
2	527 exempt function activi			▶ \$	••••
3	line 17b	penditures. Add lines 1 and 2. En		▶ \$	·····
4 5	Enter the names, addresses were made. For each organiz contributions received that v	file Form 1120-POL for this year? and employer identification number zation listed, enter the amount paid from the promptly and directly delivered mmittee (PAC). If additional space is	r (EIN) of all section om the filing organi to a separate politi	n 527 political organizati ization's funds. Also ente cal organization, such as	ons to which payments r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
			-		

OCITO	Edule O (1 01111 550 01 550 EE) 2005					
Pa	rt II-A Complete if the organizate under section 501(h)).	ion is exem	pt under sectio	n 501(c)(3) and	filed Form 5768	(election
A B	Check ► ☐ If the filing organization Check ► ☐ If the filing organization	belongs to a checked bo	an affiliated groux A and "limited	p. control" provis	ions apply.	
	Limits on Lob (The term "expenditures" n	bying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals
b d	Other exempt purpose expenditures	e a legislative	body (direct lobb	• •		
f			•	le in both		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the a \$100,000 plu \$175,000 plu	nontaxable amount mount on line 1e. s 15% of the excess s 10% of the excess s 5% of the excess	over \$500,000.		
g h i j	Subtract line 1g from line 1a. If zero of Subtract line 1f from line 1c. If zero or If there is an amount other than zero or section 4911 tax for this year?	r less, enter -(less, enter -0 leither line 1h less, ear Averaging	or line 1i, did the c	ection 501(h)		☐ Yes ☐ No
	columns below.	See the instr	uctions for lines	2a through 2f or	n page 4.)	
	Lobbyin	g Expenditure	es During 4-Year	Averaging Perio	d	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					· · · · · · · · · · · · · · · · · · ·
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					····
			1	1		

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).				
		(a			(b)
		Yes	No		Amoun
During	the year, did the filing organization attempt to influence foreign, national, state or local	}			
	on, including any attempt to influence public opinion on a legislative matter or				
	dum, through the use of:		1		
Volunte			7		
	ff or management (include compensation in expenses reported on lines 1c through 1i)? .		1		
	advertisements? s to members, legislators, or the public?		7		
_	tions, or published or broadcast statements?		1		
	to other organizations for lobbying purposes?		1		
	contact with legislators, their staffs, government officials, or a legislative body?		\		
	demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		\		
	ctivities? If "Yes," describe in Part IV		✓		
	dd lines 1c through 1ı				
Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)? .		✓		
If "Yes,	" enter the amount of any tax incurred under section 4912	į l			
	enter the amount of any tax incurred by organization managers under section 4912 .	[
_	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?				
rt III-A	Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).)1(c)(5), o	r sec	tion
-			_		Yes
Mora a	ubstantially all (90% or more) dues received nondeductible by members?			1	ļ
					1
Did the	organization make only in-house lobbying expenditures of \$2,000 or less?			2	-
Did the	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 50	. <u>.</u>)1(c)(5), o	3 r sec	
Did the Did the rt III-B	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes."	. <u>.</u>)1(c)(5), o ne 3	3 r sec	
Did the Did the rt III-B	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes." ssessments and similar amounts from members)1(c)(-A, li	5), o	3 r sec	
Did the Did the tt III-B Dues, a Section	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes." ssessments and similar amounts from members)1(c)(-A, li	5), o ne 3	3 r sec	
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Did the Did the rt III-B Dues, a Section expens Current Carryov	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes." ssessments and similar amounts from members)1(c)(-A, li	5), o ne 3	3 r sec	
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Did the Did the rt III-B Dues, a Section expens Current Carryov Total Aggrega	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year?	D1(c)(-A, li	5), one 3 1 2a 2b 2c	3 r sec	
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Dues, a Section expens Current Carryov Total Aggrega If notice excess and pol	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year?	D1(c)(-A, li	5), one 3 1 2a 2b 2c	3 r sec	
Did the Did the rt III-B Dues, a Section expens Current Carryov Total Aggregalf notice excess and pol	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year?	D1(c)(-A, li	2a 2b 2c 3	3 r sec	
Did the Did the rt III-B Dues, a Section expens	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes." ssessments and similar amounts from members)1(c)(-A, li	5), o ne 3	3 r sec	

ichedule C (Fo:	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
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EXPLANATION LINE 20 FORM 990EZ

CASH	86459	89257	+2798
EQUIPMENT	26828	39013	+12185
TOTAL INCREASE			14,983
LINE 20			