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SCANNED DEC : \$ 2010

932171 02-08-10

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 Open to Public 4

Form **990-EZ** (2009)

			and ending		
В	Check If	Please C Name of organization		D Empl	oyer identification number
	Addre	SS use IRS label or			
] Name change	Coho Productions, Ltd.		93	3-1166521
	Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite		hone number
	Termi		Ì	50	3-220-2646
	7 Amer	view or town state or country and 7ID + 4			p Exemption
	Applic Denois	Portland, OR 97210			ber >
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comp	leted G Accou		thod: X Cash Accrual
		Schedule A (Form 990 or 990-EZ).		specify)	>
1 1	V ebsit	e: > www.cohoproductions.org			if the organization is not
		empt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or			Schedule B (Form 990, 990-EZ, or 990-PF)
K	Check)	if the organization is not a section 509(a)(3) supporting organization and its gross rec	eipts are normally no	t more th	nan \$25,000. A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sur	e to file a complete re	turn.	
<u> </u>	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 inste			\$ 126,289.
P	iff	Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces (See the instr	uctions f	or Part I.)
	1	Contributions, gifts, grants, and similar amounts received			1 16,114.
	2	Program service revenue including government fees and contracts		. L	2 110,170.
	3	Membership dues and assessments		. [3
	4	Investment income			4
	5a	Gross amount from sale of assets other than inventory 5a		5	4
	Ь	Less: cost or other basis and sales expenses 5b			44
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c
ā	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from g	namino, check here	- □ -	**************************************
en E	1 -	Gross revenue (not including \$ of contributions	,,		
Revenue	-	reported on line 1) 6a		- 1	<u>}</u>
•	Ь	Less: direct expenses other than fundraising expenses 6b			and in a second
	ء ا	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c
	7a	Gross sales of inventory, less returns and allowances		į.	4/2
	1	Less: cost of goods sold 7b			\$ T
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c
	8	Other revenue (describe Interest Income		\	8 5.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	En Fern	╗┰′ᅡ	9 126,289.
	10	Grants and similar amounts paid (attach schedule)			10
	11	Benefits paid to or for members	Š	: T	11
m	12		7 2010	it h	12
Expenses	13	Professional fees and other payments to independent contractors	1 2010	∄ t	13 19,332.
Þě	14	Occupancy, rent, utilities, and maintenance			14 73,842.
Д	15	Printing, publications, postage, and shipping OGD!	EN, UT 🗂	1	15 15,617.
	16	Other expenses (describe Performance Expenses		╸┪	16 49,608.
	17	Total expenses. Add lines 10 through 16		/	17 158,399.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 <32,110.
ž.	19	Net assets or fund balances at beginning of year (from line 27, column (A))		` ` 	No.
Net Assets	"	(must assess with and of year Source assessed as assessed as assessed as his		ľ	19 119,565.
¥ ¥	20	Other changes in net assets or fund balances (attach explanation)			20
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21 87,455.
P	art II			orm 990	
		(See the instructions for Part II.)	(A) Beginning		(B) End of year
22	Cac	sh, savings, and investments		369	
23		ad and huildings		024	
24		no and contaings	\ 		24
25		and annual a	129	393	
26		al liabilities (describe ► See Statement 1)		828	
27		t sesets or fund halances (line 27 of column (R) must sorres with line 21)		565	

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

Fçrn	n 990-EZ (2009) Coho Productions, Ltd.			93-	<u>11665</u>	21 Page 2
Ď	art III Statement of Program Service Accomplishmen	its (See the instructions for				penses
	at is the organization's primary exempt purpose? Theater product				7	r section 501(c)(3)
) organizations and
	cribe what was achieved in carrying out the organization's exempt pur			De	1	7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	Produced plays, developed and maint	<u>ained theater</u>	space			
	(Grants \$) If this amount includes foreign g	rants, check here	▶		28a	158,399.
29					$\Box \Box$	
LJ						
		·			1 1	
					1	
	(Grants \$) If this amount includes foreign g	rants, check here		Щ	29a	
30					i I	
			-			
	(Grants \$) If this amount includes foreign of	rants, check here		\Box	30a	
04	·	rans, oncorning .			1000	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>	ب	31a	150.000
32	Total program service expenses (add lines 28a through 31a)			▶		<u>158,399.</u>
Pi	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions f	or Part IV)
		(h) Tale and access house			ontributions	/-> F
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0)	-	leferred ipensation	other allowances
_	att Charles 2057 NW Dalaisht Ch	D		COII	pensation	
		President	١ .		•	
	ortland, OR 97210	0.00	0.		0.	0.
	th Fredine, 2257 NW Raleight St,	Secretary	[
Pc	ortland, OR 97210	0.00	0.	<u> </u>	0.	0.
Va	lory Lawrence, 2257 NW Raleight	Treasurer				
	, Portland, OR 97210	0.00	١ ٥.		0.	0.
	eslie Houston, 2257 NW Raleight St,	Board Member		1		
	ortland, OR 97210	0.00	l o.	ŀ	0.	0.
		Board Member		 		·
	obert Holden, 2257 NW Raleight St,	1	1	1	•	
	ortland, OR 97210	0.00	0.	├	0.	0.
	in Thomas, 2257 NW Raleight St,	Board Member				
Pc	ortland, OR 97210	0.00	0.	<u> </u>	0.	0.
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227	170	<u> </u>		<u> </u>		
932 02-0	172 08-10				Form	990-EZ (2009)

P	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	4	4	
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		**	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	$\overline{}$
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	. 222	S.O.	
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	*	40.5	1
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	3.00	300	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		1	2
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		77	
	section 4911 ▶ O . ; section 4912 ▶ O .			44
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		X
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	建		
	organization	4.6		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	选起		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. OR			
42 a	The organization's books are in care of ► Scott Stephens Telephone no. ► 503-2			
	Located at ► 2257 NW Raleigh Street, Portland, OR ZIP+4 ►	<u>9721</u>	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	estine.	X
	If "Yes," enter the name of the foreign country:	100	116	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	18.218		Seann D
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year . 43	N/A	<u> </u>	
			1	
	Did the assessment on any decreased fined for all Office #Form 2000	<u> </u>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	松溪	F. 18	
4-	Form 990-EZ	44	12.50 W.S.	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		建建	
_	completed instead of Form 990-EZ	45		(0000)
		⊢nrm c	QQ-F7	(2009)

Coho Productions, Ltd.			<u>93-1166</u>		Page 4
he organization engage in direct or indirect political campaign activit	ties on hehalf of or in apposition to a	randidates for nublic		Ve	s No
	account of or in opposition to	zandioates for public	(X
	Schedule C. Part II	•	Ì		X
			•		X
	-	• • • • • • • • • • • • • • • • • • • •	•		X
on the related execution a coefficient of the coefficients			·		 ^
			ו nplovees) who e:		ed more
		,			
(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	to employee benefit plans & deferred	(e) E	opense Int and lowances
nization. If there is none, enter "None." NONE					
			1		
			-		
number of other independent contractors each receiving over \$100		>			
Signature of officer Signature of officer Type or print name and title Preparer's signature	Date 11/05/10	ck if self-propological propological propolo	Date		
d sett-emptoyed), P.O. Box 65009	0001	F	e >)574-	0644
	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitation and 51. The organization engage in direct or indirect political campaign activities? If "Yes," complete Schedule C, Part I have organization a school as described in section 170(b)(1)(A)(ii)? If "he organization as chool as described in section 170(b)(1)(A)(ii)? If "he organization as eaction section 527 organization? plete this table for the organization's five highest compensated emplete this table for the organization's five highest compensated emplete this table for the organization's five highest compensated indendation. If there is none, etc. (a) Name and address of each employee paid more than \$100,000 none. NONE (a) Name and address of each independent contractor paid in the next paid in the property of the paid in the next paid in	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and 51. the organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and 51. the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 62 organization engage in lobbying activities? If "Yes," complete Schedule C, Part II organization a school as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule C, Part II organization make any transfers to an exempt non-charitable related organization? s, was the related organization's five highest compensated employees (other than officers, directors \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 months. (b) Title and average hours per week devoted to position NONE (a) Name and address of each independent contractor paid more than \$100,000 NONE (a) Name and address of each independent contractor paid more than \$100,000 Indicate the stable for the organization's five highest compensated independent contractors who each receivable in the second of the	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable true organizations and section 4947(a)(1) nonexempt charitable true organizations and section 4947(a)(1) nonexempt charitable true organization as eaction 4947(a)(1) nonexempt charitable true is must answer questions 46-49b and cor and 51. The organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public organization engage in obtying activities? If "Yes," complete Schedule C, Part II organization as chool as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E in organization as eaction 527 organization? S, was the related organization as excline 527 organization? S, was the related organization as excline 527 organization? S, was the related organization as excline 527 organization? S, was the related organization of the organization in the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 where the stable for the organization of the highest compensated independent contractors who each received more than \$100,000 where the stable for the organization is five highest compensated independent contractors who each received more than \$100,000 where the stable for the organization is five highest compensated independent contractors who each received more than \$100,000 which is the stable for the organization of the highest compensated independent contractors who each received more than \$100,000 where the stable for the organization of the highest compensated independent contractors who each received more than \$100,000 where the stable for the organization of the highest compensated independent contractors who each received more than \$100,000 where the stable for the organization of the highest compensated independent contractors who each received more than \$100,000 where the stable for the organization of the stable for the organization of the stable for the organization of the stable for the organi	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 4649b and complete the table and 51. The organization engage in direct or indered political campaign activities on behalf of or in opposition to candidates for public (2) in the organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E (2) Part II (3) organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E (3) organization as organization as section 527 organization? (3) organization? (4) organization as organiz	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 5 organizations and section 4947(a)(1) nonexempt charitable frusts must arswar questions 4649b and complete the tables for line and 51. The organization engage in direct or indeed political campaign activities on behalf of or in opposition to candidates for public (7) in "vis." complete Schedule C, Part II 447. The organization engage in librities 5 in the complete Schedule C, Part II 447. The organization make any transfers to an exempt non-charitable related organization? 499. The organization make any transfers to an exempt non-charitable related organization? 499. The organization make any transfers to an exempt non-charitable related organization? 499. The organization make any transfers to an exempt non-charitable related organization? 499. The organization is the organization is the injects compensated employees (other than officers, directors, trustees and key employees) who each receive than 5100,000 of compensation from the organization is the injects compensated independent contractors who each received more than \$100,000 of compensation. The organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from transfer. The organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from transfer. The organization of press, independent contractor paid more than \$100,000 of compensation from transfer. The organization of press, independent contractors each receiving over \$100,000 of compensation from transfer. The organization of press, independent contractors each receiving over \$100,000 of compensation of press, independent contractors each receiving over \$100,000 of compensation of press, independent contractors each receiving over \$100,000 of compensation of the pressure in the paid of the pres

Form 990-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

2009

Openito Rubilo

Name of the organization

Employer identification number

		Coho Pr	oductions, L	td.					93	-1166	<u>521</u>	
Partil			ity Status (All organiz					ructions.				
			because it is: (For lines 1	_		-						
1			s, or association of churc			ction 170	(b)(1)(A)(i)	•				
2			'0(b)(1)(A)(ii). (Attach Sc	•								
3			tal service organization of									
4 📖			operated in conjunction	with a nos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter tr	ne nospitai	's nam	е,
<u>- </u>	city, and stat		hanefit of a college or un						4000-60			
5 📖		(b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II.)	liversity ov	wned or op	erated by	a governi	nentai unit	describe	a in		
6			ent or governmental unit	described	i in sectio	n 170(b)(1	ΙΧΑΥν).					
7		_ ·	eives a substantial part					r from the	general p	ublic desc	nbed ir	1
		b)(1)(A)(vi). (Comple	•						3			
в 🗀			ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 X			eives: (1) more than 33 1			rom contri	butions, m	nembership	fees, and	d gross rec	eipts f	rom
	activities rela	ted to its exempt ful	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	invest	ment
	income and i	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10 🔲	An organizati	on organized and o	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	I).				
11 📖	An organizati	on organized and o	perated exclusively for the	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the p	ourposes o	f one o	r
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or sectio	n 509(a)(2	2). See sec	tion 509(a	a)(3). Che	ck the box	that	
			organization and comple		•							
_	a ☐ Type !		_ ,,		e III - Func	•	•			Type III - C		
e		•	t the organization is not		-	•	•		•			า
			han one or more publicly						(a)(1) or s	ection 509	(a)(2).	
f .			ten determination from t	ine IHS tha	atitisa iy	pe i, Type	II, or Type	9 III 				
_	•	rganization, check the	nis box	······································		······································		01488 80m				
9	_		lirectly controls, either al			-		•			Yes	No
	• •		upported organization?	one or tog	ether with	persons c	ioscribed i	ווי עוו) בטוכט עו	ii) Delow,	11g(i)	162	110
	_		n described in (i) above?					•		11g(ii)		
		·	person described in (i) o	•	e?		•			11g(iii)		
h		•	about the supported or	• • •			•			119(11)	·	
••	· rovido (no r	one wing intermediation	about the supported of	garnzanom	(0)							
/i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the c	rganization	(v) Did vo	u notify the	(vi) Is		(vii) An	ount of	F
	nization	(11, 2.11	organization (described on lines 1-9	în col. (i) la	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col. ed in the		port	
			above or IRC section	governing	document?	(i) of you	r support?	Ü.S.	.?	•	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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				A CONTRACTOR	建 政治			11 22 3				
Total												

	edule A (Form 990 or 990-EZ) 2009						Page 2
P	Support Schedule for			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)		,		·
<u>Se</u>	ction A. Public Support						
Cal	endar 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	13. 4 30. 3 . 4	CALL DESTRUCTION OF THE PARTY.	間がたれば 一番が	またってはなっています。	10 The Carlo Company of the Carlo	
•	by each person (other than a	ار در شهره و مردس انها حر در در شهره و مردس انها حر			PROFILE OF		
	governmental unit or publicly		143 51 23 12	· 量图 /电 35 8	े तें के दें कि कि के कि एक उन्ने	and the second	
	supported organization) included			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	on line 1 that exceeds 2% of the				to the same than	£	
	amount shown on line 11,		and the sections	1 کے ہے اور دیات دولاند (سائٹر) اگر م محسموں اور معامرات سورورک	11. 100 (10 may 1 may 1 mg 1 m		
	column (f)		A AND AND AND AND AND AND AND AND AND AN				
6	Public support. Subtract line 5 from line 4	1 - 2 - 2 - 2			Yan la di	17222	
	ction B. Total Support	7 2 2 7				1 13 14 34 14 14 14 14 14 14 14 14 14 14 14 14 14	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(4) 2000	15/2000	(0) 200.	10/2000	10,200	(17) 0 (0.0
8							
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
a	Net income from unrelated business						
3	activities, whether or not the]	
	business is regularly carned on				-		
40	Other income. Do not include gain						
10	or loss from the sale of capital					[
	assets (Explain in Part IV.)			•			
44	Total support. Add lines 7 through 10	Sept. 15. 2018	2014-1-1-1-2	ವಹಸಾಕಕಾಡ.	114 and 114 and 1	344675	
	Gross receipts from related activities,	<u> </u>	E 4 -4 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	1	
	First five years. If the Form 990 is for	•		d faurth ar lifth t		12	····-
13	organization, check this box and stor	_	s inst, second, thir	u, louren, or mente	ax year as a section	11 30 1(0)(3)	
Se	ction C. Computation of Publ		rcentage	<u> </u>			
	Public support percentage for 2009 (oolumo (fl)		144	
	Public support percentage from 2008		-	.Old/filf (1)) ,	• •	14	9
				line 13 and line 1		15	and 9
10	a 33 1/3% support test - 2009. If the o	_			1→ 15 33 1/370 UFIT	iore, check this box	a.iu
	stop here. The organization qualifies		•		line 15 in 22 1 /20/	or more sheet this	. - -
	b 33 1/3% support test - 2008. If the c	-			me 15 is 33 1/3%	or more, check this	S DOX
47	and stop here. The organization qua	•	• •		. 12 165 165 -	and line 14 is 1004 =	-
1/3	a 10% -facts-and-circumstances tes	-					· ·
	and if the organization meets the "fact			•	•	IL IV NOW THE ORGANI	zauton ⊾□
	meets the "facts-and-circumstances"	test the organiza	uuni uuailies as a	DUDING SUDDONE	u urganization		▶ }

16	Public support percentage from 2008 Schedule A, Part III, fine 15	16	9/.45	<u>%</u>
Sec	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.00	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
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	e 17 is not	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	zation	▶[X
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 m	ore than 33 1/3%	i, and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supp	orted organizatio	n ▶Ĺ	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	nstructions	<u>,</u>	
	Sc	hedule A (Form !	990 or 990-EZ)	2009

Form 990-EZ Other Liabilitie	s	Statement	1
Description	Beg. of Year	End of Yea	ar
Umpqua Bank - Line of Credit	9,828.	13,79	95.
Total to Form 990-EZ, line 26	9,828.	13,79	95.

FORM 990-EZ	Information Regarding Transfers Some Associated with Personal Benefit Contracts				2
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?	[] Yes [X] No			
B) Did the ordinectly of	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes	s [X]	No