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Form **990** 

Department of the Treasury Internal Revenue Service

### 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.

OMB No 1545 0047 2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable Please use IRS label BLANCHET HOUSE OF HOSPITALITY 93-6031009 Address change or print or type. See 1500 N.E. IRVING ST. #440 E Telephone number Name change PORTLAND, OR 97232-4208 503-233-1133 Initial return specific Instruc Termination 4,080,753. G Gross receipts \$ Amended return F Name and address of principal officer EDWIN O'HANLON H(a) Is this a group return for affiliates? X No Yes Application pending H(b) Are all affiliates included? Same As C Above Yes If 'No,' attach a list (see instructions) 527 Tax-exempt status X = 501(c) ( 3 4947(a)(1) or ) ◄ (insert no.) WWW.BLANCHETHOUSE.ORG Website: ► H(c) Group exemption number Form of organization X Corporation Trust 1952 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. PROVIDE FOOD AND SHELTER Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) ..... Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column CONTERVED 7 a b Net unrelated business taxable income from Form 990-T. Line 34: Ö **Prior Year Current Year** JUL 2 3 2010 719,114. 3,570,053. Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) 297,344 189,438. Investment income (Part VIII, column (A), lines 3, 4, and 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c/and 16 7,797. 15,752. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 024,255 775,243 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 132,747 144,779. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,144. 411,610 460,974. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 544,357 605,753. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 479.898 3,169,490. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Year 3,486,4267,475,413. Total assets (Part X, line 16) 2,714. 10,221 21 Total liabilities (Part X, line 26) . . 3,476,205 7,472,699 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of period, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and confidere. Declaration of preparer (wher than officer) is based on all information of which preparer has any knowledge Sign Here Signature of office EDWIN B. O'HANLON Treasurer Type or print name and title Date Preparer's identifying number (see instructions) Check if Paid employed Preparer's Pre--19-10 N/A parer's BOTTAINI GALLUCCI & O'HANLON P.C. Firm's name (or Use yours if self-employed), address, and ZIP + 4 1500 N.E. IRVING ST. STE 440 EIN - N/A Only Phone no ► (503) 233-1133 PORTLAND. OR 97232-4208 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form 990 (2009

TEEA01131 12/29/09

Form 990 (2009) BLANCHET HOUSE OF HOSPITALITY	93-6031009 Page 2
Part III Statement of Program Service Accomplishments	
Briefly describe the organization's mission:	
PROVIDE FOOD AND SHELTER	
TROVIDE 100D RED DEBILER	
2 Did the organization undertake any significant program services during the year which were not list	sted on the prior
Form 990 or 990-EZ?	Yes X No
If 'Yes,' describe these new services on Schedule O.	
	am services? Yes X No
	an services: res A No
If 'Yes,' describe these changes on Schedule O.	
4 Describe the exempt purpose achievements for each of the organization's three largest program s	ervices by expenses. Section 501(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graexpenses, and revenue, if any, for each program service reported.	and anocations to others, the total
expenses, and revenue, it dry, for each program service reported.	
4a (Code:) (Expenses \$ 508, 314. including grants of \$	) (Revenue \$
PROVIDES APPROX. 685 MEALS DAILY. ALSO PROVIDES APPROX.	
PERSONS IN RECOVERY. FOOD AND SHELTER IS PROVIDED IN FARM	
THE CITY. HOMELESS ASSIST IN MEAL PREPARATION.	
4b (Code:) (Expenses \$ including grants of \$	) (Revenue \$)
A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\ <b>D</b>
4c (Code:) (Expenses \$ including grants of \$	) (Revenue \$)
	<del> </del>
4d Other program services. (Describe in Schedule O.)	
	evenue \$)
4e Total program service expenses ► 508, 314.	

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Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors?. . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. . . . . 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete 4 X Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 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? If 'Yes,' complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 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? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X 11 X as applicable . ... .. ... • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • 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? If 'Yes,' complete Schedule D, Part VII • 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? If 'Yes,' complete Schedule D, Part VIII • 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? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • 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? If 'Yes,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII . . . . . 12 X 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional... 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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? *If 'Yes,' complete Schedule F, Part l* . . . 14b X 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? If 'Yes,' complete Schedule F, Part II 15 X 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? If 'Yes,' complete Schedule F, Part III X 16 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? If 'Yes,' complete Schedule G, Part I... . 17 X 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X X 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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Form 990 (2009) BLANCHET HOUSE OF HOSPITALITY

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	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? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	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>	23		X
<b>24</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
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? If 'Yes,' complete Schedule L, Part I	25b		х
26	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? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28 a	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29	Х	х
30		30		Х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	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? If 'Yes,' complete Schedule R, Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	(0000)

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Form **990** (2009)

Part \	Statements Regarding Other IRS Filings and Tax Compliance			age 3
,			Yes	No
	nter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.			
	nformation Returns. Enter -0- if not applicable			
	The transport of Forms W 2d metaded in time to 2 2 their of in not applicable			
<b>c</b> Di (g	id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	1 c		Х
<b>2a</b> En ca	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return			
2b If	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ X	
N	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	nd the organization have unrelated business gross income of \$1,000 or more during the year covered by his return?	3a		х
<b>b</b> If	'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
<b>4a</b> At	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		х
	'Yes,' enter the name of the foreign country.			
Se Fi	ee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and inancial Accounts.			
5a W	/as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Di	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If Ta	'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited ax Shelter Transaction?	5c		
<b>6a</b> Do	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization olicit any contributions that were not tax deductible?	6a		х
	'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not eductible?	6b		
7 0	rganizations that may receive deductible contributions under section 170(c).			
a Di	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
pr	rovided to the payor?	7a		X
	'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file orm 8282?	7с		Х
<b>d</b> If	'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Di be	end the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal enefit contract?	7e		Х
f D	nd the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g Fo	or all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> Fo	or contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
SL	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the upporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business oldings at any time during the year?	8		
	ponsoring organizations maintaining donor advised funds.	<u> </u>		
	old the organization make any taxable distributions under section 4966?	9a		
	old the organization make any distribution to a donor, donor advisor, or related person?	9b		
	ection 501(c)(7) organizations. Enter:			
	nitiation fees and capital contributions included on Part VIII, line 12			
	iross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	ection 501(c)(12) organizations. Enter.			
	iross income from other members or shareholders.			
	ross income from other sources (Do not net amounts due or paid to other sources against mounts due or received from them.)			
12a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	'Yes,' enter the amount of tax-exempt interest received or accrued during the year	.,		

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Form 990 (2009)

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							
			$\Box$	Yes	No			
1a Enter the	number of voting members of the governing body	1a 13						
<b>b</b> Enter the	number of voting members that are independent	1b 13						
2 Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relation, trustee or key employee?	ationship with any other	2		<u>x</u> _			
3 Did the o	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	nder the direct supervision	3		X			
4 Did the d	rganization make any significant changes to its organizational documents		4		X			
since the	prior Form 990 was filed?			- [				
5 Did the c	rganization become aware during the year of a material diversion of the organization	n's assets? .	5		<u>X</u>			
6 Does the	organization have members or stockholders?		6		Х			
<b>7a</b> Does the governin	organization have members, stockholders, or other persons who may elect one or ng body?	nore members of the	7a		X			
<b>b</b> Are any	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7Ь		Х			
8 Did the o	rganization contemporaneously document the meetings held or written actions under ving:	rtaken during the year by						
a The gove	rning body?	•	_8a	X				
	nmittee with authority to act on behalf of the governing body?		8Ь		X			
9 Is there organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who car tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		x			
	Policies (This Section B requests information about policies not	t required by the Interna	1					
Revenue Code	.)			1				
			10-	Yes	No X			
	organization have local chapters, branches, or affiliates?		10a					
and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?		10Ь					
	organization provided a copy of this Form 990 to all members of its governing body b		11	Х				
	in Schedule O the process, if any, used by the organization to review this Form 990	. See Schedule O	10-	Х				
	organization have a written conflict of interest policy? If 'No,' go to line 13	that aculd awa rise	12a	^				
to conflic			12b	Х				
	organization regularly and consistently monitor and enforce compliance with the pole O how this is done See Schedule 0	icy? If 'Yes,' describe in	12c	X	<del>-,</del>			
	organization have a written whistleblower policy?	•	13		<u>X</u>			
	organization have a written document retention and destruction policy?	•	14	Χ				
15 Did the persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?						
-	inization's CEO, Executive Director, or top management official		15a	· ,,	<u>X</u>			
	icers of key employees of the organization See. Schedule 0		15b	Х				
	o line 15a or 15b, describe the process in Schedule O. (See instructions.)							
entity du	organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	•	16a		X			
ın joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16b					
	Disclosures							
17 List the	states with which a copy of this Form 990 is required to be filed POR							
inspection	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) avai	lable f	for put	olic			
	website Another's website X Upon request in Schedule O whether (and if so, how) the organization makes its governing docum	nents, conflict of interest policy	/. and	finan	cial			
statements available to the public. See SCREQUIE O								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  EDWIN B. O'HANLON 1500 NE IRVING, SUITE 440 PORTLAND OR 97232-4208 503-233-1133								

## 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 organizations'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 employees.'
- 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 no	t compens	ate ar	ту с	urrei	nt o	fficer,	dire	ctor, or trustee.		
(A)	(B) (c) Average Position (check all that apply)							(D)	(E)	<b>(F)</b>
Name and Title	Average hours						_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee			the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the
		dual	nodr	14	mpl	st co	먁			organization and related
		tas	al tr		oyee	duc				organizations
		8	uste			ensa				
			_	$\Box$		eg.				
JAMES CHRISTIANSON										_
Director	2		Ш				L	0.	0.	0.
THOMPSON FALLER	Į.							_	_	_
Director	1						┕	0.	0.	0.
EDWIN O'HANLON	1				İ			_	_	_
Treasurer	3		lacksquare				L	0.	0.	0
MIKE HAGLUND								_	_	_
Director	2		<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
LAURI KELLEY								_		
Director	2					├─	╙	0.	0.	0.
MARK AUXIER	4 _					İ				
Director	2		<u> </u>				┡	0.	0.	0.
DAN PETRUSICH	<b>↓</b> _	1								•
Director	3			<u> </u>		ļ	<u> </u>	0.	0.	0.
WILLIAM REILLY	<b>↓</b> _						ļ			
Director	2		<u> </u>	┝	_		<u> </u>	0.	0.	0.
RICH ULRING	1 .								0	0
President	4	├	├	_	-	-	├	0.	0.	0.
STEPHEN FELTZ	-			l						•
Director	2_		<u> </u>	├	├		┢	0.	0.	0.
DAVE GUNDERSON	-								0	
Director	3	├	<u> </u>	-	┝		┢	0.	_0.	0.
ROBERT LUSK	┨				l					•
Secretary	2	<del> </del>	⊢	-	<u> </u>		┢	0.	0.	0.
JOHN MCGUIGAN	1							0.	0.	0
Vice President	2	-	₩	<u> </u>	├		-	U.	υ.	0.
BRIAN FERSCHWEILER	4.0			İ	١.,			62.660	ا م	0
Executive Direc	40	<del> </del>	$\vdash$	$\vdash$	Х		╁	62,660.	0.	0.
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<u> </u>	T TAR STATEMENT OF TOVOIDE	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>s</u> 1	1a Federated campaigns 1a				012, 010, 01014
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
g g	c Fundraising events 1c				
A S,	d Related organizations 1d				
ا≧ِق	e Government grants (contributions) 1 e 20,343.				
SIS					
토삙	f All other contributions, gifts, grants, and similar amounts not included above . 1f 3,549,710.				
[25]	g Noncash contribus included in lns 1a-1f: \$ 188, 674.				
S S		3,570,053.			
<del>                                      </del>	h Total. Add lines 1a-1f  Business Code	3,370,033.			
<u> </u>				1	
	<sup>2</sup> a	-			
<b>#</b>	P		<u>-</u>		
Ž	<u></u>				
as l	°				
Ž	e				
စ္ကို	f All other program service revenue	-	:		<u> </u>
-	g Total. Add lines Za-Zi				
	Investment income (including dividends, interest and other similar amounts)	230,513.			230,513.
	4 Income from investment of tax-exempt bond proceeds	200,020.			200/0201
	5 Royalties .				
	(i) Real (ii) Personal				
	6a Gross Rents 8,000.				
l	b Less: rental expenses				
1	c Rental income or (loss) 8,000.				
	d Net rental income or (loss)	8,000.	•		8,000.
	(i) Securities (ii) Other	0,000.	·		
	7a Gross amount from sales of assets other than inventory 264, 435.				
	b Less: cost or other basis and sales expenses . 305, 510.				ŧ
1	c Gain or (loss) -41,075.				
	d Net gain or (loss)	-41,075.	-41,075.		Ī
			/.		
ä	8a Gross income from fundraising events (not including \$				
₩	of contributions reported on line 1c).				
OTHER REVE	See Part IV, line 18 a 7,752.				
물	b Less. direct expenses b				
6	c Net income or (loss) from fundraising events	7,752.			7,752.
	9a Gross income from gaming activities.				
	See Part IV, line 19 . a				
	b Less: direct expenses. b				
1	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	10a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code		•	Ĭ	•
	11a				
	b	<u> </u>			ļ
	c		ļ		ļ
	d All other revenue		<u> </u>		<u> </u>
	e Total. Add lines 11a-11d	2 775 040	43 555		245 255
	12 Total revenue. See instructions	3,775,243.	-41,075.	0.	246, 265.

Page 10

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).

	All other organizations must com		(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	62,660.	46,995.	7,833.	7,832.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	_0.	0.	0.
7	Other salaries and wages	55,600.	55,600.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	2,714.	2,036.	339.	339.
9	Other employee benefits.	13,830.	12,478.	676.	676.
10	Payroll taxes	9,975.	8,678.	649.	648.
11	Fees for services (non-employees)	2,2,9.	5,5.5.		
	Management .				
	Legal	1,700.		1,700.	
	: Accounting .	7.12			<del></del>
	Lobbying				-
	Prof fundraising svcs. See Part IV, In 17			-	
	Investment management fees			1	
	Other				
-	Advertising and promotion	1,871.			1,871.
13	Office expenses	3,180.		2,835.	345.
14	Information technology	.,			
15	Royalties				
16	Occupancy	100,298.	99,137.	1,161.	<del> </del>
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,801.	16,801.		
23 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.)				
ā	DONATED FOOD AND CLOTHING	185,000.	185,000.		· <u>-</u> -
	SUPPLIES	25,747.	15,444.		10,303.
	COORDINATOR	23,027.			23,027.
	INSURANCE	15,759.	14,183.	1,576.	
•	AUTO	14,154.	11,624.	1,265.	1,265.
f	All other expenses	73,437.	40,338.	5,261.	27,838.
_25	Total functional expenses. Add lines 1 through 24f	605,753.	508,314.	23,295.	74,144.
26	Joint costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form <b>990</b> (2009)

Pa	nt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			84,950.	1	365,572.
	2	Savings and temporary cash investments			475,743.	2	75,286.
	3	Pledges and grants receivable, net		. [	50,000.	3	2,555,652.
	4	Accounts receivable, net .				4	· · · · · · · · · · · · · · · · · · ·
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees II of Sche	s, key employees, dule L		5	
	6	Receivables from other disqualified persons (as define	ed under s	ection 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	lete Part I	I of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use		[		8	
S S	9	Prepaid expenses and deferred charges		. [		9	
	10a	Land, buildings, and equipment: cost or other basis.	10 a	489,823.			· · · · · · · · · · · · · · · · · · ·
		Complete Part VI of Schedule D		·			
	Ь	Less. accumulated depreciation.	10 Ь	137,295.	364,689.	10 c	352,528.
	11	Investments - publicly-traded securities			2,511,044.	11	3,891,190.
	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.				15	235,185.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		3,486,426.	16	7,475,413.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		. [		18	
	19	Deferred revenue		[		19	
Ļ	20	Tax-exempt bond liabilities				20	•
Å	21	Escrow or custodial account liability. Complete Part I	V of Sched	dule D		21	
Ī L Ţ	22	Payables to current and former officers, directors, truinighest compensated employees, and disqualified per	stees, key sons. Con	employees, nplete Part II			
- 1		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parties			23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities. Complete Part X of Schedule D	•	. [	10,221.	25	2,714.
	26	Total liabilities. Add lines 17 through 25			10,221.	26	2,714.
ᄖ		Organizations that follow SFAS 117, check here ▶	X and c	omplete lines			
Ę		27 through 29 and lines 33 and 34.	_				
Ą	27	Unrestricted net assets			3,389,655.	27	4,069,399.
S	28	Temporarily restricted net assets.			86,550.		3,403,300.
E S	29	Permanently restricted net assets		[		29	**
Ř		Organizations that do not follow SFAS 117, check her	re ► 「	and complete			
F UND		lines 30 through 34.	_				
	30	Capital stock or trust principal, or current funds				30	<del></del>
Ŗ	31	Paid-in or capital surplus, or land, building, and equip				31	
日本 しんまいせい	32	Retained earnings, endowment, accumulated income,	or other f	unds .	2 476 665	32	7 470 600
Ĕ	33	Total net assets or fund balances.			3,476,205.	33	7,472,699.
s	34_	Total liabilities and net assets/fund balances			3,486,426.	34	7,475,413.

BAA

Form **990** (2009)

tary 78   1 manetal otatements una reporting			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
1 Accounting method used to prepare the Form 990. X 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?	<u>2</u> a		Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<u>2b</u>		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both.	e issued on a		
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 Audit Act and OMB Circular A-133?	in the Single	i	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ne required audit		

BAA

Form 990 (2009)

Page 12

## SCHEDULE A (Form 990 or 990-EZ)

### **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.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

BLA						PITAI										03100			
Part	I R	eas	on fo	r Pu	blic	Charit	y Statı	us (/	All orga	anization	s m <u>us</u> t	comp	olete th	is parl	.) See	instru	ctions		
The o	rganiza	ation	ıs not	a priv	ate fo	oundatio	n becau	se it	ıs: (For I	ines 1 thro	ugh 11,	check c	nly one	box.)					
1	$\square$ A	churc	h, cor	venti	on of o	churche	s or ass	ocıatı	on of ch	urches des	cribed in	sectio	n 170(b)	(1)(A)(i).					
2	<b>∏</b> A :	scho	ol desc	ribed	ın se	ction 17	<b>'0(Ь)(1)(</b>	4)(ii).	(Attach	Schedule	E.)								
3	Паі	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).																	
4	A :	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's																	
_			city, ar																
5	<u> </u>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(AXiv). (Complete Part II.)																	
6																			
7	X An	orga <b>secti</b>	on 170	on tha <b>(b)(1)</b>	t norr (A)(vi	nally re <b>).</b> (Con	ceives a iplete Pa	subs art II.)	itantiai pi )	art of its si	apport fro	om a go	overnme	ntal unit	or from	the gene	eral public	describ	ed
8	∐ A ·	comr	nunity	trust	descri	ibed in s	section 1	<b>70(</b> Б)	<b>χ1χΑχ</b> νί	<b>).</b> (Comple	te Part I	l.)							
9	fro	m ac estm	tivities ent in	relat	ed to and ι	its exen inrelate	npt funct d busine	tions ss ta:	<ul> <li>subject</li> </ul>	t to certain ome (less	n excepti	ons, ar	nd (2) no	more th	an 33-1/	/3 % of it	es, and grosts ts supports e organizat	from q	ross
10	☐ An	orga	anızatı	on org	janize	d and o	perated	exclu	isively to	test for pu	ublic safe	ety. See	esection	509(a)(	<b>4</b> ).				
11	mo	ore p	ublicly	supp	orted	organiz	ations d	lescri	bed in se	ection 509(	a)(1) or	section	509(a)(2	ctions o	f, or carr section 5	ry out the 6 <b>09(a)(3).</b>	e purposes Check the	of one box t	or hat
	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																			
f																			
g	Sıı	nce A	lugust	17, 2	006, h	as the	organiza	tion a	accepted	any gift o	r contrib	ution fr	om any	of the fo	llowing p	ersons?		[V	
	(1)	a b	person	n who he go	dırec vernir	tly or in	directly of	contro	ols, eithe	r alone or inization?.	together	with pe	ersons d	escribed	ın (ıı) aı	nd (III)	11 g (i)	Yes	No
	(ii)	a	family	mem	ber c	of a pers	on desc	ribed	in (i) ab	ove? .							11 g (ii)		
	(iii		_			•				(i) or (ii) a	bove?						11g (iii)	_	
h	Pr	ovide	the fo	llowir	ng info	ormation	about t	he su	pported	organizatio	ons.								
	(i) Na	me of Organi	Supporte zation	ed		(ii) EIN	1	(ii	ii) Type of described of above or IF	RC section	on (iv) Is the organization in col (i) Did you notify (vi) Is the organization in col (i) Isted in your col (i) of (i) organized in the					(vii) Amou	nt of Sup	port	
											Yes	No	Yes	No	Yes	No			
															<u> </u>				
					<u> </u>			<u> </u>				<u> </u>	<u> </u>	ļ	<u> </u>				
					ļ			<u> </u>			<del> </del>	↓		<u> </u>	<b>↓</b>	ļ			
					<u> </u>			_	<del></del>			-		+-	<del> </del>	<b>  </b>			
												1							
					<del>                                     </del>			<del>                                     </del>			1	1	+	+					
Total								<u> </u>											

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009		HOUSE OF H		(h)(1)(A)(iy) a	93-603100	
Fai	(Complete only if you checke	<del>-</del>				וום ויטנטאנואלי	()(VI)
Sec	tion A. Public Support	the box off file.	5, 7, 01 0 011 art	-			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	753,234.	597,579.	599,490.	502,279.	3,389,131.	5,841,713.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	753,234.	597,579.	599,490.	502,279.	3,389,131.	5,841,713.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						5,841,713.
	tion B. Total Support	<del>-</del> -				1	1
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	753,234.	597,579.	599,490.	502,279.	3,389,131.	5,841,713.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	209,470.	275,652.	322,033.	307,401.	230,513.	1,345,069.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	5,254.	5,852.	5,603.	800.		17,509.
11	Total support. Add lines 7 through 10	,, .					7,204,291.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			. 12	0.
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3	<sup>3)</sup> ▶ □
Sec	tion C. Computation of Pu						T
14	Public support percentage for 20	• '	•	11, column (f)		. 14	81.1%
15	Public support percentage from 2					<u>15</u>	68.4%
	a 33-1/3 support test — 2009. If the and stop here. The organization	qualifies as a publ	licly supported or	ganization		•	► X
1	33-1/3 support test — 2008. If the and stop here. The organization	e organization did i qualifies as a publ	not check a box o licly supported org	n line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, ch	eck this box ►
17:	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances	' test. check this t	oox and <b>stop here</b>	e. Explain in Part I	V how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ard-circumstances'	nd-circumstances test. The organiz	' test, check this t ation qualifies as	oox and <b>stop here</b> a publicly suppor	e. Explain in Part I ted organization.	V how the ►
18		zation did not chec	na bux un inne, l	J, 10a, 100, 17a,			990 or 990-F7) 2009

BLANCHET HOUSE OF HOSPITALITY 93-6031009 Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .... 13 Total support. (add ins 9, 10c, 11, and 12) 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15.

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

17 I	Investment income pei	centage for <b>2009</b> (line	e 10c, column (	(f) divided by line	13, column (f))
------	-----------------------	-------------------------------	-----------------	---------------------	-----------------

18 Investment income percentage from 2008 Schedule A, Part III, line 17.

3-1/3%, and line 17 is not							
ation.	, and	line	17	IS	not	<b>&gt;</b>	Γ

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

Schedule /	A (Form 990 or 990-E	Z) 2009	BLANCHET	HOUSE O	F HOSPIT	ALITY	93-60310	009 Page <b>4</b>
Part IV	Supplemental I	Informati	on. Comple	te this pai	t to provid	de the expla	nations required by Fitional information. Se	art II, line 10;
	Part II, line 17a	or 17b;	and Part III,	line 12. F	Provide an	y other add	itional information. Se	ee instructions.
						<del>-</del>		
				<b>-</b>				
						·	<del></del>	<del>-</del> <b>-</b>

1 <b>0</b> 9	Schedu	le A, F	Part	IV ·	- Supple	me	ntal Inform	nation	Page
BLANCHET HOUSE OF HOSPITALITY									93-60310
Part II, Line 10 - Other Income									2005
Nature and Source		200	9	_	2008	_		2006	2005
Farm Income	Total	\$	0.	\$	800. 800.	\$	5,603. 5,603.	5,852. 5,852. \$	5,254. 5,254.

#### **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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Name of the organization

Employer Identification number

BLA	NCHET HOUSE OF HOSPITALITY			93-6031009
Par	t I Organizations Maintaining Donor	Advised Funds or Ot	her Similar Funds or Ac	<u> </u>
1 141	the organization answered 'Yes' to	Form 990, Part IV, Iir	ne 6.	Counts Complete II
	L	(a) Donor advised	funds (b) F	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 funds are the organization's property, subject to	r advisors in writing that the the organization's exclusive	assets held in donor advised legal control?	Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefit	e benefit of the donor or don	ng that grant funds may be nor advisor or for any other	☐Yes ☐ No
One	t II Conservation Easements Comple		enswered 'Ves' to Form (	
				990, Fait IV, line 7.
'	Purpose(s) of conservation easements held by t	•	Preservation of an historic	ally important land area
	Preservation of land for public use (e.g., red	reation or pleasure)	$\vdash$	
	Protection of natural habitat		Preservation of certified hi	storic structure
_	Preservation of open space Complete lines 2a through 2d if the organization	hald a gualificad againmetic	an contribution in the form of a	concernation accoment on the
2	last day of the tax year.	neid a qualified conservation	n contribution in the form of a	conservation easement on the
				Held at the End of the Year
а	Total number of conservation easements		2a	
_	Total acreage restricted by conservation easeme	ents	2b	
	: Number of conservation easements on a certifie			-
	Number of conservation easements included in		2d	
	Number of conservation easements modified, tra		ished, or terminated by the ord	panization during the tax
	year ►	and on our released, extension	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4	Number of states where property subject to con-	servation easement is locate	ed ►	
5	Does the organization have a written policy rega and enforcement of the conservation easement	arding the periodic monitorin	g, inspection, handling of viola	itions, Yes No
6	Staff and volunteer hours devoted to monitoring during the year ▶	, inspecting, and enforcing o	_	
7	Amount of expenses incurred in monitoring, inspecting the year ▶	pecting, and enforcing conse	ervation easements \$ _	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section	Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements the organization's financial s	in its revenue and expense statements that describes the o	atement, and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historica vered 'Yes' to Form 99	al Treasures, or Other S 0, Part IV, line 8.	imilar Assets
1 a	a If the organization elected, as permitted under S treasures, or other similar assets held for public the text of the footnote to its financial statement	e exhibition, education, or re-	search in furtherance of public	ice sheet works of art, historical service, provide, in Part XIV,
t	o If the organization elected, as permitted under streasures, or other similar assets held for public amounts relating to these items:	SFAS 116, to report in its reverse sexhibition, education, or res	venue statement and balance s search in furtherance of public	sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII, II	ine 1	• • •	<b>►</b> \$
	(ii) Assets included in Form 990, Part X			►\$ -\$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other		
á	a Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
				<b>►</b> \$

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a   Public exhibition   d   Loan or exchange programs   b   Scholarly research   c   Loan or exchange programs   c   Preservation for future generation's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization's collection of an exchange programs   5 During the year did the organization's collect or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be meintained as part of the organization answered 'Yes' to Form 990, Part IV, line 2.  1 at is the organization an apent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table.  c Beginning balance c Beginning balance c Bostributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 3 Beginning of year balance 4 Additions during the year 4 Beginning of year balance 5 Complete if organization answered 'Yes' to Form 990, Part IV, line 10.  (a) Durint year (b) Print year (c) Two years back (d) Three years back (e) Four years back 4 Grants or scholarships 4 Contributions 5 Chet trivestment earnings, gains, and losses and l	Schedule D (Form 990) 2009 BLANG Part III Organizations Mainta				93-603 or Other Similar As				
b Scholarly research Preservation for future generations  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 seases to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV I Excreve and Custodial Arrangements Complete (if organization's collection?)  1 als the organization an agent, funstee, custodian, or other intermediary for contributions or other assets not under on Form 990, Part X, line 21.  1 als the organization an agent, funstee, custodian, or other intermediary for contributions or other assets not under on Form 990, Part X, line 21.  1 als the organization and the part XIV.  5 If 'Yes,' explain the arrangement in Part XIV and complete the following table.  4 Additions during the year  5 Ending balance  6 Distributions during the year  1 Ending balance  9 Distributions during the year  1 Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21?  1 Beginning of year balance  9 Contributions  1 Beginning of year balance  1 Contributions  1 Administrative expenses  9 End of year balance  9 Cherry expenditures for facilities and programs  1 Administrative expenses  9 End of year balance  9 Provide the estimated percentage of the year end balance held as:  1 Beginning of year balance  9 Provide the estimated percentage of the year end balance held as:  1 Board designated or quasis-endowment Fig. 8  1 Administrative expenses  9 End of year balance  9 Provide the estimated percentage of the year end balance held as:  1 Board designated or quasis-endowment Fig. 8  1 Administrative expenses  9 End of year balance  1 Provide the estimated percentage of the year end balance held as:  1 Board designated or quasis-endowment Fig. 8  1 Administrative expenses  9 End of year balance  1 Provide the estimated organizations  1 Provide the	3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection								
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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 rase thinds rather than to be minimaned 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.  Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X! and complete the following table.  C Beginning balance  c Beginning balance  d Additions during the year  e Distributions during the year  e Distributions during the year  e Distributions during the year  1 Id	b Scholarly research e Other								
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?  Part IV   Ecrow 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 include on Form 990, Part X?  bif 'Yes,' explain the arrangement in Part XIV and complete the following table.  c Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  bif 'Yes,' explain the arrangement in Part XIV.  Part V   Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.  Part Beginning of year balance  b Contributions  f Administrative expenses  g End of year balance  c Net three-times or facilities and Grans or scholarships  e Other expenditures for facilities and grans, and losses  d Grants or scholarships  e) Permanent endowment   t  b Permanent endowment   t  c Term endowment   t  c Term endowment   t  b Permanent endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment   t  c Term endowment	c Preservation for future generation	ations	_						
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, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X; or the related organization include an amount on Form 990, Part X; or the related organization include an amount on Form 990, Part X; or the related organization include an amount on Form 990, Part X; or the related organization include an amount on Form 990, Part X; or the related organization include an amount on Form 990, Part X; or the related organization in Part X; or the related organization in Part X; or the related organization answered 'Yes' to Form 990, Part IV, line 10.    Part V   Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.   Part V   Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.   Part V   Investment earnings, gains, and losses and programs   Administrative expenses	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in								
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?  b if 'Yes,' explain the arrangement in Part XIV and complete the following table.  c Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b if 'Yes,' explain the arrangement in Part XIV.  Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net Investment earnings, gains, and losses  d Grants or scholarships  c Other expeditures 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 \(\frac{1}{2}\) \$\frac{1}{2}\] \$\frac{1}{2}\] \$\frac{1}{2}\] \$\frac{1}{2}\] As a Figure there endowment funds not in the possession of the organization that are held and administered for the organization by.  (i) invested organizations bit 'Yes' to 3a(t), are the related organizations isted as required on Schedule R?  4 Description of investment  (a) Cost or other basis (thery)  Description of investment  (b) Buildings  (c) Solot or other basis (thery)  Depreciation  Description of investment  (d) Book Value  Depreciation  Description of investment  (a) Cost or other basis (thery)  Depreciation  Depreciation  5 1, 500.  5 299, 065.  3 1, 529.  2 67, 536.									
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c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bif Yes, vaplain the arrangement in Part XIV.  Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.  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 b Permanent endowment F  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment F  3 are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) urrelated organizations bif Yes' to 3a(i), 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 V   Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  (d) Book Value balance buildings c Leasehold improvements  1 de (d) Book Value begreciation (d) Book Value begreciation improvements  1 de (d) Book Value begreciation (d) Book Value begreciation improvements  2 99,065. 31,529. 267,536.	<u> </u>					Amount			
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f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?									
2a Did the organization include an amount on Form 990, Part X, line 21?	• ,								
Part V   Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.    1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	-	mount on Form 000	Dod V. line 212						
Part V   Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.    1 a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	•	•	rait A, ille 21:	• •	•	resNo			
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 \( \begin{array}{c} a			zation answe	red 'Ves' to Form (	200 Part IV line 10	<u> </u>			
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   \$ c Term endowment tunds not in the possession of the organization that are held and administered for the organization by.  (i) unrelated organizations (ii) related organizations (iii) related organizations 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 (of Cost or other basis (of Cost or other basis (of Cost) and the	Fait V   Liidowillelit Failus Co		Y	ĭ					
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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 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 (b) Cost or other basis (c) Accumulated Depreciation  1a Land 51, 500. 51, 500. 51, 500. 58 Buildings 299, 065. 31, 529. 267, 536.	• • •		-			<del></del>			
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 \( \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>b</b> Contributions .	<del> </del>	<del></del>						
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 funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations bif '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 (b) Cost or other Depreciation 1 a Land b Buildings 299,065. 31,529. 267,536. c Leasehold improvements									
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	d Grants or scholarships								
g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment									
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment   b Permanent endowment   c Term endowment   3 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 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 (b) Cost or other basis (c) Accumulated Depreciation  1 a Land   51,500.   51,500.   51,500.   51,500.   5299,065.   31,529.   267,536.   5267,536.	f Administrative expenses								
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  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 (b) Cost or other basis (other)  1a Land  51,500.  51,500.  51,500.  51,500.  5299,065.  31,529.  267,536.	<b>g</b> End of year balance								
b Permanent endowment	2 Provide the estimated percentage	of the year end bala	ance held as:		- " " "				
a 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  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  51, 500.  51, 500.  51, 500.  51, 500.  5299, 065.  31, 529.  267, 536.	a Board designated or quasi-endow	ment ►	*						
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  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 (b) Cost or other basis (other)  1a Land  51,500.  51,500.  51,500.  51,500.  c Leasehold improvements	<b>b</b> Permanent endowment ▶	*							
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(i) unrelated organizations (ii) related organizations 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 (b) Cost or other basis (other)  1 a Land  51,500.  51,500.  51,500.  51,500.  C Leasehold improvements		n the possession of t	he organization (	that are held and admin	istered for the	Yes No			
(ii) related organizations  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 (b) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated Depreciation  51, 500.  51, 500.  51, 500.  51, 500.  51, 500.  C Leasehold improvements	,								
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 (b) Cost or other basis (other)  1a Land  51,500.  51,500.  b Buildings  c Leasehold improvements  3b  (d) Book Value  299,065.  31,529.  267,536.									
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 (b) Cost or other basis (other)  1 a Land				hedule R?	• •				
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 Value1 a Land51,500.51,500.b Buildings299,065.31,529.267,536.c Leasehold improvements99,065.31,529.					•	<u> </u>			
Description of investment  (a) Cost or other basis (b) Cost or other basis (c) Accumulated Depreciation  1a Land					X line 10				
to Buildings         (investment)         basis (other)         Depreciation           51,500.         51,500.           599,065.         31,529.         267,536.           c Leasehold improvements         299,065.         31,529.         267,536.		<del></del>				(d) Book Value			
<b>b</b> Buildings 299,065. 31,529. 267,536. <b>c</b> Leasehold improvements	Description of investment					(a) book value			
<b>b</b> Buildings 299,065. 31,529. 267,536. <b>c</b> Leasehold improvements	1a Land					51,500.			
c Leasehold improvements					31,529.				
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>				,				
d Equipment	d Equipment	·		101,739.	68,247.	33,492.			
e Other 37, 519. 37, 519. 0.	• •	<del> </del>							
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		n (d) must equal Form	n 990, Part X. co		<u> </u>				

BAA

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See F	<u>orm 990, Part X, lin</u>	e 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	i i	
	· · · · · · · · · · · · · · · · · · ·	
		-
	<u> </u>	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►	<u> </u>	
Part VIII Investments-Program Related (See	Form 990, Part X, Ii	ine 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
<u> </u>		
	†	
· · · · · · · · · · · · · · · · · · ·		
<del></del>	<del>                                     </del>	
<del></del>		
	<del>                                     </del>	<u> </u>
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13,)	1	
Part IX Other Assets (See Form 990, Part X,		
	escription	(b) Book value
· · · · · · · · · · · · · · · · · · ·		
<del></del>		····
T. 1. (0.1 (1	15)	<b>▶ !</b>
Total. (Column (b) must equal Form 990, Part X, col (B), lift		<u> </u>
Part X Other Liabilities (See Form 990, Part	X, line 25)	<u> </u>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability		
Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25)	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	(b) Amount	4.

BLANCHET HOUSE OF HOSPITALITY

Schedule **D** (Form 990) 2009

93-6031009

Page 3

Sche	dule D (Form 990) 2009 BLANCHET HOUSE OF HOSPITALITY 93	-603	1009	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)	. [		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments	Ī		
5	Donated services and use of facilities	1		
6	Investment expenses	. [		
7	Prior period adjustments.			
8	Other (Describe in Part XIV).			
9	Total adjustments (net). Add lines 4 through 8.	ı		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Ī		
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturr	n N/A	
1	Total revenue, gains, and other support per audited financial statements.	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	Net unrealized gains on investments	1		
	Donated services and use of facilities	- 1		
	Recoveries of prior year grants	1		
	Other (Describe in Part XIV).	1		
	Add lines 2a through 2d .	2e		
ลั	Subtract line 2e from line 1	3		
Д	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-		-
٦,	Investments expenses not included on Form 990, Part VIII, line 7b	]		
	45 A			
	Other (Describe in Part XIV)	4c		
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5		<del></del>
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		N/A	
	Total expenses and losses per audited financial statements	1	N/A	
			<del>-</del>	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	- 1		
		- 1		
	Prior year adjustments 2b 2c	1		
		- 1		
٠,	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	-3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	_ <u>4c</u>		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
Pai	t XIV   Supplemental Information			
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li 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 mation.	nes 1t to pro	o and 2b, Part V vide any additio	nal

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009 BLANCHET HOUSE OF HOSPITALITY	93-6031009	Page 5
Part XIV   Supplemental Information (continued)		

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

(a)

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

(b)

OMB No 1545 0047 2009

Open To Public Inspection

(d)

Department of the Treasury Internal Revenue Service Name of the organization

BLANCHET HOUSE OF HOSPITALITY

Part I Types of Property

Employer identification number 93-6031009

(c)

		Check if applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Meth	od of d rever	etermin nues	ıng
4	Art Marko of ort					_	_	
_	Art—Works of art						-	
2	Art-Fractional interests		· <del>-</del>			-		_
3 4					-			
5	Books and publications  Clothing and household goods			<del></del> .				
6	One and allege cabulan	-						
7	Parts and dama			<del></del>	_			
8	fatallant of consist			<del></del>				<del></del>
9	Securities—Publicly traded		1	3,674.				
10	<u> </u>	<del></del>		5,014.				
11	Securities—Closely held stock Securities—Partnership, LLC, or trust interests	-		<del></del>				
12	- · · · · · · · · · · · · · · · · · · ·	-						
								<del></del>
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 ► ()							
26	Other ► ()							
<b>27</b>	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee	n during the Acknowled	tax year for contributio	ns for which the	29			
	•,,		-		·		Yes	No
<b>30</b> a	During the year, did the organization receive by co hold for at least three years from the date of the in	ntribution an	y property reported in I	Part I, lines 1-28 that it	must			
	purposes for the entire holding period?	iniai contribu	tion, and which is not r	equired to be used for	exempt	30 a	l	Х
ь	If 'Yes,' describe the arrangement in Part II.							<del></del>
31	Does the organization have a gift acceptance police	y that require	es the review of any no	n-standard contribution	ns? .	31		X
<b>32</b> a	Does the organization hire or use third parties or renoncash contributions?	elated organ	zations to solicit, proce			32a		Х
ь	If 'Yes,' describe in Part II.		••			<u> </u>		***************************************
	If the organization did not report revenues in colum	nn (c) for a b	vne of property for whic	ch column (a) is checke	d			
-	describe in Part II.	(5) 101 4 (	, p = 0, p = 0 p = 0, 10, 10, 10, 10, 10, 10, 10, 10, 10,	13.2 (a) is offsone	1			
RΔΔ	For Privacy Act and Panerwork Reduction Act Not	ice see the	Instructions for Form 9	190	Schedu	de M (		U) 2009

Schedule	M (Form 990) 2009	BLANCHET	HOUSE O	F HOSPITALI	TY	9	3-603100	)9Page <b>2</b>
Part II	Supplemental I and 33. Also co	<b>nformation.</b> mplete this p	Complete part for an	this part to po y additional ir	TY rovide the information of the information.	on required	by Part I,	lines 30b, 32b,
				<b>_</b>				
	<del></del>							
				<b></b>				

TEEA4602L 07/21/09

Schedule M (Form 990) 2009

BAA

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization	Employer identification number							
BLANCHET HOUSE OF HOSPITALITY	93-6031009							
Form 990, Part VI, Line 11 - Form 990 Review Process								
Board and legal counsel review prior to filing.								
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	inilicts							
Board reviews								
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees							
Compensation approved and reviewed by Board.								
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·							
Upon request.								
	· • • • • • • • • • • • • • • • • • • •							

Name of the organization	Employer identification number	ige Z
BLANCHET HOUSE OF HOSPITALITY	93-6031009	
	<del>-</del> -	
		- <b>-</b> -

	6.615.00 Changed name to Claymore 945.00 converted from 4000 sh to 800 56,250.00 Converted from 4000 sh to 800 20,240.00 5,060.00 5,405.00 5,405.00 5,405.00 5,405.00 5,405.00 5,405.00 5,405.00 5,405.00 5,405.00 5,405.00
	5,405 00 5,405 00 5,405 00 10,810 00 41,600 00 23,200 00

EQUITIES (CONT.) Shares	DECEMBER						_		
TIES CONT.		BER 31, 2008				DECEMBE	DECEMBER 31, 2009		
Salt		Market	PURCHASES		SALES	NUMBER OF		MARKET	
	Cost	Value	NO, OF SHRS COST	NO, OF SHR	NO. OF SHRS PROCEEDS	SHARES	ISOO	VALUE	
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$\neg$	11370 42					500			
T	10318 19					500			
				-		400			
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NO JPMORGAN CHASE & CO		37,836 00				1200			
700 MERCK & COMPANY INC	32035					1038			
Т	78675 07					00/			
T	8092 50					4250	78675 97		
NEWELL RUBBERMAID INC	2000		150		+	300			
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	6346 27	Ĺ				250			
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150 NFJ DIVIDEND INTEREST	3549 60					150			
550 NFJ DIVIDEND INTEREST	12454 24					550			
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	40540 47	ł				100			
Г	6728 31					300	10540 17		
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US BANCORP NEW from Eugene E Feltz			460	46	460 10190 00				Gat let Fricana Falts
WELLS FARGO COMPANY			200		2601	200		5.398 00	
1009 156 WACHOVIA CORP	23778 66		5,589 86 Bought by Wells Fargo & converted to 200 shares Wells Fargo	converted to 200 sha	res Wells Fargo		23778 66		
115,178 156 TOTAL EQUITY SECURITIES	2,286,816 78	1,112,210 73	1,808	0 00 4,630 00	0 17,784 74	111,347 00	2,306,348 00	1.476.177 20	
	DECEMBER	BER 31, 2008				DECEMBE	DECEMBER 31, 2009		
		MARKET	PURCHASES	-	SALES	NUMBER OF		MARKET	
RONDS	COST	VALUE	NO. OF SHRS COST	NO OF SHR	NO OF SHRS PROCEEDS	SHARES	COST	VALUE	
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	19940 20	`				20000			
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	24 2000	T	COST		9913 50	10185 28	26161 25	8771 46	19530 86	30614 20	10593 00	10000 00	92 16 00	10282 87	10362 82	10124 57	20880 00	20342 10	10804 17	18654 00	10406 50	10171 78	9775 50	16356 49	10853 20	10758 97	10653 04	16009 05	10185 26	20856 72	64876 25	5036 75	20205 50	9943 00	14948 75	15704 89	70022 00	30229 00	5480 00	20352 00	20330 00	25380 00	51819 00	30072 50	47592 50	56410 00	9017 50
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	DECEMBER		COST		9913 50	10185 28	26161 25	8771 46	19530 86	30614 20	10593 00	0000000	9715 36	10282 87	10362 82			20342 10	10804 17	18654 00	10406 50	10171 78	9775 50	16356 49	10853 20	10758 97	10653 04	10196 26	10185 26	7/ 9007	503675	10055 50	20205 50	9943 00	14948 75		70022 00		5480 00	20352 00	20330 00	00 08652	51819 00	30072 50	47592 50		9017 50
EXHIBIT 1			ONT.)		BEAR STEARNS 6 4% 100217	BEKKLEY W R 6 15 081519	BLACK HILLS CORP 6 5% 5-15-13	CENIURY IEL EN / 2% 120125	CENTURY 1EL 6 875% 011528	CHESAPEAKE & PO 7 15 050123	CHESAFEANE & PO / 13 USU123	CIT GROUP 5 850 09 15 16	CLR CHANNEL	CNA FINANCIAL 6 50% 081516	CNA FINCL 7 25 111523	COMCAST CORP	COMMERCE GROUP INC MASS 5 95% 12-9-2013	COUNTRYWIDE 6 25 051516	COUNTRYWIDE HOMES 6 0 012418	DEVELOPERS DIVERS REALITY 7 5% 7-15-18	DR HORTON 6 875 050113	DR HORTON 6 875 050113	DR HORTON 5 875 070113	EMBARQ CORP 7 995 060136	EMBARG CORP 7 995 060136	EMBARG CORP 7 995 060136	EMBARO COAT / 993 000130	EMBARO CORP 7 005 060136	ENERGIEN CODE	FAIRFAX FINI 775 042612	FAIRFAX FINL 7 75 042612	FAIRFAX FINL 7 75 042612	FAIRFAX FINL 7 75 042612	FAIRFAX FINL 7 75 061517	FHLMC 5% 12-15-17	FIRST AMERN 7 55 040128	FIRST AMERICAN CORP 7 55% 4-1-28	FIRST UNION CAP BONDS 7 935% 011527	FURD HOLDINGS INC 9 375% 3-1-20	FORD MOTOR, 8 875%, 1-15-22	FORD MOTOR CO BELAWARE 7 5% 6 1 20	FORD MOTOR CO DELAWARE, 7 3% 8-1-26	-UKD MOLUK CO DELAWARE, 7 45% 7-16-31	GENERAL MOTOR CORP 7 4% 9-1-25	GENERAL MOIOR CORP 8 1% 6-15-24	GMAC 6 75% 10 15 11	11-01-01 070 10-11
			BONDS (CONT.					1		T	9000			10000	$\exists$	10000	T	┪		Т	T	$\exists$		T	1		0001				Γ		20000 F	10000 F		П	70000			Т	T	1	T	T	22000	T	2000

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	EXHIBIT 1						1				
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			MARKET	PURCHASES	ASES	SALES	ES	NUMBER OF		MARKET	
BONDS(Cont.)	cont.)	COST	VALUE	VALUE NO. OF SHRS COST		NO OF SHRS PROCEEDS	ROCEEDS	SHARES	COST	VALUE	
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10000	VERIZON FLA 6 125 011513	10007 78	9,530 50					10000	10007 78	10,667 60	
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10000	VERIZON NY 6 875 040112	10374 68	9,949 50					10000		10,855 60	
9009	VERIZON NY 7 375 040132	6354 70	5,011 74	-				0009		6.195.90	
15000	WESTINGHSE EL 7 875 090123	16243 60	10,235 40					15000		15.564 60	
10000	WEYERHAEUSER 6 95 100127	10017 13	6,426 60					10000		8,865 40	
4000	WEYERHAEUSER 7 125 071523	4211 50	3,023 88					4000	4211 50	3.636 84	
16000	WEYERHAEUSER 7 125 071523	16561 24	12,095 52					16000	-	14.547 36	
10000	WEYERHAEUSER 7 125 071523	10223 20	7,559 70					10000		9.092 10	
10000	WEYERHAEUSER 6 875 121533	10221 57	6,641 00		_			10000		8,924 30	
20000	WILLAMETTE 7 35 070126	21473 06	14,589 20					20000		17.160 40	
1742000		1,792,399 67	1,153,486 24	30,000	30,229 00	95,000	44,841 25	1,677,000	1,822,628 67	1,550,018 20	
MUTUAL FUNDS	FUNDS										
- 1	CAPITAL WORLD GROWTH & INCM FD		43,348 10	50 741				1682 209	52173 55	57.329 68	
	FIDELITY DAILY MONEY FD	200,000 00	201,008 60				201809 26	201008 6			
46 235	WASH MUTL INVS FD	1,107 70	989 89	1 567				47 802		1,177 84 (giff(44)	11ft(44)
									254549 65	58,507 52	
CHARGO OF STATE OF ST		18	000000000000000000000000000000000000000				Total Proceeds		Total Cost	Total FMV	
GRAND IOIAL	SECURITIES	3	2,511,043,56						4,181,150 22	3,084,702 92	
CASH AND MONEY FUND	EYFUND	442,281 73	442,281 73						806,487 44	806,487 44	
101	CHIL										
IOI AL IN	IOIAL INVESTMENTS	4,573,671.73	2,953,325 29				264,435 25		4,987,637.66	3,891,190 36	
N GLANCHE T/2008/45	H BLANCHE TIZODS ISECURITY HOLDING 2009										

## Form **8868**

(Rev April 2009)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

internal Revenue	Service	i iie a sepi	arate application for ea	cii returii.		į.	
If you are	filing for an Automatic 3-Month	Extension, comp	lete only Part I and che	eck this box			► X
	filing for an Additional (Not Au				age 2 of this	form)	نت
	lete Part II unless you have alre						
	Automatic 3-Month Exter						
A corporation	required to file Form 990-T and	requesting an au	tomatic 6-month exten	sion – check th	is box and o	complete Part I	only ►
	porations (including 1120-C filers					•	· —
the additional Form 990-T.	ling (e-file). Generally, you can end below (6 months for a corporated (not automatic) 3-month extensionstead, you must submit the full the full that the country of the full that the f	ion required to file sion or (2) you file ly completed and	Form 990-T). Howeve Forms 990-BL, 6069, ( signed page 2 (Part II)	r, you cannot fil or 8870, group r	e Form 8868 eturos, or a	8 electronically	if (1) you want
	Name of Exempt Organization			<del></del>		Employer identif	ication number
Type or							
print	BLANCHET HOUSE OF H	OSPITALITY				93-60310	.09
File by the due date for	Number, street, and room or suite number		structions		·		
filing your return See	1500 N.E. IRVING ST	. #440					
instructions	City, town or post office, state, and ZIP of	ode For a foreign addr	ess, see instructions		****		
	PORTLAND, OR 97232-	4208					
Check type o	f return to be filed (file a separa	te application for	each return);				
X Form 990	)	Form 990-T (c	orporation)		Form 47	720	
Form 990	)-BL	Form 990-T (s	ection 401(a) or 408(a)	trust)	Form 52		
Form 990	)-EZ	<del>_</del>	rust other than above)	•	Form 60	069	
Form 990	I-PF	Form 1041-A	·		Form 88	370	
If the orga If this is for check this the extens  1 I request until	No. ► 503-233-1133  anization does not have an officion a Group Return, enter the orgonomer of soon will cover.  St an automatic 3-month (6 month 8/15 , 20 10 , to file ension is for the organization's residue.	anization's four d the group, check hs for a corporation the exempt orga	igit Group Exemption Nathis box  and a	es, check this bolumber (GEN) ttach a list with	the names a	and EINs of all	
<b>►</b> [X]	calendar year 20 <u>09</u> or						
▶ □	tax year beginning	, 20,	and ending	, 20	•		
2 If this ta	ax year is for less than 12 month		Initial return	Final retui	n	Change in acco	unting period
3a If this ap	pplication is for Form 990-BL, 99 ndable credits. See instructions	0-PF, 990-T, 4720	), or 6069, enter the te	ntative tax, less	any	3a \$	0.
<b>b</b> If this armade. It	pplication is for Form 990-PF or nclude any prior year overpaym	990-T, enter any i ent allowed as a c	refundable credits and redit	estimated tax p	ayments	3b\$	0.
deposit	Due. Subtract line 3b from line with FTD coupon or, if required, tructions				em).	3c \$	0.
Caution. If yo payment instr	u are going to make an electron ructions.	ic fund withdrawa	I with this Form 8868, s	see Form 8453-I	EO and Forr	n 8879-EO for	
BAA For Priv	acy Act and Paperwork Reduct	ion Act Notice, se	e instructions.			Form 8	868 (Rev. 4-2009)