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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

For	cale	ndar year 2009, or tax year beginning 01-	01-2009 , and	dend	ding 12-31-	2009		
G	Che	ck all that apply	turn of a former publinge Name		•	al return		
		Name of foundation	nge i Name	Cilai		entification numbe	r	
Us	e the I	RS AMERICAN INSTITUTE FOR FULL EMPLOYMENT			94-3229232			
Ot	label. herwis	se,			<b>B</b> Telephone number (see page 10 of the instructions)			
	print	Number and street (or P O box number if mail is not delivered 2650 DECKER LAKE BLVDSUITE 500	ed to street address) Roc suit		(801) 493-8068	, , ,	,	
	or type e Speci				(801) 493-8008	•		
	tructio		•			application is pending	· .	
		SALI LAKE CITT, UT 04119			<b>D 1.</b> Foreign or	ganizations, check he	ere 🕨	
		pe of organization Section 501(c)(3) exempt private 4947(a)(1) nonexempt charitable trust Other taxa		n		rganizations meeting e and attach computa		
		et value of all assets at end J Accounting method	Cash Accr			undation status was te n 507(b)(1)(A), checl		
		rom Part II, col. (c),	=			ation is in a 60-month		
		\$ 5,036,626 (Part I, column (d) must	t be on cash basıs.)			n 507(b)(1)(B), checl	k here ► 📙	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions)	(a) Revenue and expenses per books	1 (d)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	19,000					
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments	2,085		2,085	2,085		
	4	Dividends and interest from securities	23,970		23,970	23,970		
	5a	Gross rents $\ldots \ldots \ldots \ldots$						
	ь	Net rental income or (loss)						
⊈	6a	Net gain or (loss) from sale of assets not on line 10	530,963					
Revenue	b	Gross sales price for all assets on line 6a 545,006						
ě	7	Capital gain net income (from Part IV, line 2)			530,963			
щ	8	Net short-term capital gain				0		
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)	<b>0</b> €3 24.743		0	71.762		
	11	Other income (attach schedule)	71,763			71,763		
	12	<b>Total.</b> Add lines 1 through 11	647,781		557,018	97,818		
	13 14	Other employee salaries and wages	422,195		0	0	422,195	
φ	15	Pension plans, employee benefits	·			<u> </u>	122,133	
S L	16a	Legal fees (attach schedule)			0	0	5,235	
Expenses	ь	Accounting fees (attach schedule)			6,503	0	3,875	
	c	Other professional fees (attach schedule)			3,373	0	483,445	
Ę	17	Interest	9,506		1,445	0	8,725	
and Administrative	18	Taxes (attach schedule) (see page 14 of the instructions)	1,857		0	0	1,111	
₫	19	Depreciation (attach schedule) and depletion					<u> </u>	
틍	20	Occupancy	1,750		0	0	1,900	
A A	21	Travel, conferences, and meetings	51,801		0	0	54,381	
E E	22	Printing and publications	910		0	0	910	
	23	Other expenses (attach schedule)	35,936		0	0	33,760	
Operating	24	Total operating and administrative expenses.						
<u>a</u>		Add lines 13 through 23	995,736		11,321	0	1,015,537	
0	25	Contributions, gifts, grants paid	0				0	
_	26	Total expenses and disbursements. Add lines 24 and 25	995,736		11,321	0	1,015,537	
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	-347,955					
	ь	Net investment income (If negative, enter -0-)			545,697			
	С	Adjusted net income (If negative, enter -0-)				97,818		
		. A st and Dansmusell Deduction Act Notice and man 20		_			000 DE	

Da I	24 TT	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year		En	ıd of	year	
	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	<b>(b)</b> Boo			(c) Fair	Market Value
	1	Cash—non-interest-bearing				127		127
	2	Savings and temporary cash investments	4,548		6,7	701		6,701
	3	Accounts receivable - 608						
		Less allowance for doubtful accounts -	26,850		(	608		608
	4	Pledges receivable 🟲						
		Less allowance for doubtful accounts 🟲				$\dashv$		
	5	Grants receivable				$\dashv$		
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see page 15 of the						
		ınstructions)				$\dashv$		
	7	Other notes and loans receivable (attach schedule) 🟲						
		Less allowance for doubtful accounts 🕨						
Sets	8	Inventories for sale or use				+	-	-
<u>ن</u>	9	Prepaid expenses and deferred charges				+		
٦.	10a	Investments—U S and state government obligations (attach schedule)				+		
	ь	Investments—corporate stock (attach schedule)	6,306,059	98E)	5,027,3	349		5,027,349
	_	Investments—corporate bonds (attach schedule)	3,333,333	وس	0,02.70	+		
	11	Investments—land, buildings, and equipment basis				+		
		Less accumulated depreciation (attach schedule)						
	12	Investments—mortgage loans				+		
	13	Investments—other (attach schedule)				+		
	14	Land, buildings, and equipment basis				+		
	14	Less accumulated depreciation (attach schedule)						
	15		<b>%</b> 2,527	<b>4€</b> 1	1.5	841	<u></u>	1,841
	16	Total assets (to be completed by all filers—see the	2,321	(29)		<del></del>	29	
	10	instructions Also, see page 1, item I)	6,339,984		5,036,6	626		5,036,626
	17	Accounts payable and accrued expenses	68,910		44,3			
	18	Grants payable	00,310		1175	-		
ا م	19	Deferred revenue				$\dashv$		
1 <del>6</del> 2		Loans from officers, directors, trustees, and other disqualified persons				-		
	20 21	Mortgages and other notes payable (attach schedule)	452,000	<u></u>	249,8	820		
ច	22	, , , ,	131,947		78,0	_		
	22	Other habilities (describe F	231,511	<u> </u>		-		
	23	Total liabilities (add lines 17 through 22)	652,857		372,2	208		
		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31.						
or Fund Balances	24	Unrestricted	5,687,127		4,664,4	418		
릙	25	Temporarily restricted				$\neg$		
<u> </u>	26	Permanently restricted				$\neg$		
=		Foundations that do not follow SFAS 117, check here 🕨 🦵				$\neg$		
틸		and complete lines 27 through 31.						
Ŧ	27	Capital stock, trust principal, or current funds						
	28	Paid-in or capital surplus, or land, bldg , and equipment fund				$\neg$		
Assets	29	Retained earnings, accumulated income, endowment, or other funds				╛		
	30	Total net assets or fund balances (see page 17 of the				_		
Š		instructions)	5,687,127		4,664,4	418		
-	31	Total liabilities and net assets/fund balances (see page 17 of				_		
		the instructions)	6,339,984		5,036,6	626		
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances						
1			(a) line 20 /	aroo.				
1		Total net assets or fund balances at beginning of year—Part II, column with end-of-year figure reported on prior year's return)	(a), line 30 (must a	=	,			5,687,127
2		Enter amount from Part I, line 27a			2			-347,955
		· · · · · · · · · · · · · · · · · · ·		 •83	3			
3 ∕ı		Other increases not included in line 2 (itemize)   Add lines 1, 2, and 3			4			1,466,296 6,805,468
4 5		Decreases not included in line 2 (itemize)		 %3	5			2,141,050
5 6		Total net assets or fund balances at end of year (line 4 minus line 5)—F			$\vdash$			4,664,418

	kınd(s) of property sold (e g , re , or common stock, 200 shs M	•	( <b>b</b> ) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr )
1a 30200 SH SOUTH VALLE	Y STATE BANK	D			
<b>b</b> 321 SH SOUTH VALLEY	STATE BANK		D		
c 72 SH JELD-WEN HOLDI	NG		D		
d					
e					
(e) Gross sales price	(f) Depreciation allowe (or allowable)	1-7	t or other basıs xpense of sale	(e) plus (f	or (loss) ) mınus (g)
<b>a</b> 503,1			13,89		489,240
<b>b</b> 5,3			14	7	5,178
<b>c</b> 36,5	49			4	36,545
d					
е					
Complete only for assets show					(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	',	cess of col (1) col (1), If any		less than -0-) <b>or</b> om col (h))
a	43 01 12/31/03	0,00	(3), 11 4119		489,240
 b					5,178
c					36,54!
d					30,011
e					
	r	If any plan antar	un Dort I line 7 Ì		
2 Capital gain net income or		If gain, also enter If (loss), enter -0			F30.06
- Note how to me or what are	( )	1222/E) 1/C	J	2	530,96
· -	n or (loss) as defined in section			,	
If gain, also enter in Part 1 If (loss), enter -0- in Part	I, line 8, column (c) (see pages I, line 8	13 and 17 of the	instructions)	}	
Part V Qualification Under			· · · ·	J   3	(
[f section 4940(d)(2) applies, leave Was the foundation liable for the sec If "Yes," the foundation does not qua	tion 4942 tax on the distributa			erıod?	┌ Yes ┌ No
<b>1</b> Enter the appropriate amount ii	n each column for each year, se	ee page 18 of the i	nstructions before	making any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha	) nritable-use assets	<b>(d)</b> Distributio (col (b) divided	n ratio
2008	1,246,585		6,625,191		0 188158
2007	1,886,518		6,895,573		0 273584
2006	2,144,143		5,108,326		0 419735
2005	2,295,232		2,280,784		1 006335
2004	4,272,136		957,099		4 463630
				2	6 351442
	for the 5-year base period—div				1 27020
the number of years the fo	undation has been in existence	e if less than 5 yea	ırs <u> </u>	3	1 27028
4 Enter the net value of non-	charitable-use assets for 2009	from Part X, line !	5	4	5,730,69
5 Multiply line 4 by line 3.				5	7,279,62
6 Enter 1% of net investme	nt Income (1% of Part I, line 27	7b)		6	5,45
7 Add lines 5 and 6				7	7,285,08
8 Enter qualifying distribution					
· · · ·	ons from Part XII, line 4 ater than line 7, check the box			8	1,015,537

Form	990-PF (2009)		Р	age <b>4</b>		
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	ructio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here Tand enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	0,914		
	here Fand enter 1% of Part I, line 27b			<u> </u>		
С	All other demostra foundations enter 20/ of line 27h. Eventh foreign expansions enter 40/ of Part I, line 12, cel. (h)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
3	3 Add lines 1 and 2					
4	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
5	5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0					
6	C redits / Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 <b>6a</b> 1,616					
b	Exempt foreign organizations—tax withheld at source 6b					
c	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d			1,616		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9,298		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10					
11	Enter the amount of line 10 to be Credited to 2010 estimated tax					
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No		
	ıt participate or intervene in any political campaign?	1a		No		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of					
	the instructions for definition)?	1b		No		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		No		
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers $\blacktriangleright$ \$ 0					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers 🕨 \$0					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No		
Ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  • By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?	6	Yes			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes			
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	<b>–</b>	168			
oa	instructions) FOR					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3)	<u> </u>	- <b></b>	<del>                                     </del>		
-	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on					
	page 27)? If "Yes," complete Part XIV	9	Yes			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No		

Pai	rt VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		No		
12	2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?					
13	.3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?					
	Website address ►FULLEMPLOYMENT ORG					
14	The books are in care of ▶DAVID GUYAUX Telephone no ▶(801	) 493-	8068			
	Located at ►2650 DECKER LAKE BLVD SUITE 500 SALT LAKE CITY UT ZIP+4 ►84119					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here			▶┌		
	and enter the amount of tax-exempt interest received or accrued during the year					
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No		
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)					
	a disqualified person?					
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No					
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?					
	(5) Transfer any income or assets to a disqualified person (or make any of either available					
	for the benefit or use of a disqualified person)? Tyes 🔽 No					
	(6) Agree to pay money or property to a government official? (Exception. Check "No"					
	if the foundation agreed to make a grant to or to employ the official for a period					
	after termination of government service, if terminating within 90 days ) Yes 🔽 No					
ь	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations					
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b				
	Organizations relying on a current notice regarding disaster assistance check here					
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,					
	that were not corrected before the first day of the tax year beginning in 2009?	1c		No		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d					
	and 6e, Part XIII) for tax year(s) beginning before 2009?					
	If "Yes," list the years 🕨 20					
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)					
	to <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions )	2b				
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	<b>▶</b> 20, 20, 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business					
	enterprise at any time during the year?					
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation					
	or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved					
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)					
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine					
	If the foundation had excess business holdings in 2009.).	3b				
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No		
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		No		

5a	During the year did the foundation	рау	or incur any amoun	t to							
	(1) Carry on propaganda, or other	wise	attempt to influenc	e leg	ıslatıon (section 49	45(e)	)) <sup>?</sup>	フ No			
	(2) Influence the outcome of any	spec	ific public election (	see	section 4955), or to	carr	у				
	on, directly or indirectly, any	votei	r registration drive?				T Yes	フ No			
	(3) Provide a grant to an individua	al for	travel, study, or oth	nersi	ımılar purposes?		☐ Yes 「	√ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described										
	ın section 509(a)(1), (2), or (	3), o	r section 4940(d)(2	)? (s	ee page 22 of the in	struc	tions) 🗆 Yes 🖟	√ No			
	(5) Provide for any purpose other	than	religious, charitabl	e, sc	ientific, literary, or						
	educational purposes, or for t	he pr	evention of cruelty	to ch	ıldren or anımals?.		Yes 🖟	√ No			
b	If any answer is "Yes" to 5a(1)-(!	5), dı	d <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in				
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instruction						ns)?	5b			
	Organizations relying on a curren	t not	ice regarding disast	eras	sistance check here	e		_			
c	If the answer is "Yes" to question	5a(4	1), does the foundat	on cl	laım exemptıon from	the					
	tax because it maintained expend	ıture	responsibility for th	ne gra	ant?		<b>T</b> Yes 「	- No			
	If "Yes," attach the statement requi										
6a	Did the foundation, during the yea	r, re	ceive any funds, dire	ctly	or indirectly, to pay						
	premiums on a personal benefit co						T Yes 🖟	- No			
b	Did the foundation, during the yea								6b		No
	If "Yes" to 6b, file Form 8870.				., .						
7a	At any time during the tax year, w	as th	ne foundation a part	v to a	prohibited tax shel	ter tr	ansaction? <b>Yes</b>	- No			
	If yes, did the foundation receive								7b		
	Information About		•	•			n Managers, Highly			love	<u></u>
Pai	and Contractors		nicers, birector.	٠,	astees, i samaa				p	,,,,,,	
1	List all officers, directors, trustees	s, fou	ındat ion managers a	nd t	heir compensation (	see p	age 22 of the instructio	ns).			
			Title, and average		c) Compensation		(d) Contributions to	(e) F	xpens		ount
	(a) Name and address		hours per week	(1	If not paid, enter		nployee benefit plans deferred compensation	1	her all		
500	Additional Data Table	ue	evoted to position		-0-)	anu	deterred compensation				
366	Additional Data Fable										
2	Compensation of five highest-paid	emp	oloyees (other than	t hose	e included on line 1–	see	page 23 of the instruction	ons).			
	If none, enter "NONE."		1		т		<u> </u>	1			
(-)	Name and address of each employ		(b) Title, and aver	age			(d) Contributions to employee benefit	/ ( )	=vnan/		ount
(a)	paid more than \$50,000	ee	hours per week		(c) Compensation	n	plans and deferred		Expens her all		
	. ,		devoted to positi	on			compensation				
DON	IALD B PEITERSEN		PROGRAM DIRECT	ΓOR	81	,000	0				0
178	8 S TUCSON ST		40 00								
AUR	ORA,CO 80012										
								<u></u>			
			1								
-											
			1								
-			1								
Tota	I number of other employees paid o	ver	<u> </u>   50 000		l		<u> ▶</u>				
. J.a	or orner cimployees paid o		, , , , , , , , , , , , , , , , , , , ,					1			U

# Part VIIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional ser	vices (see page 23 of the instructions). If none, e	nter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
TURNER GOVT OPERATIONS	CONSULTING	268,000
PO BOX 11762		
MILWAUKEE,WI 53211		
SANDIE HOBACK	CONSULTING	95,100
PO BOX 3730		
SALEM,OR 97302		
<b>Total</b> number of others receiving over \$50,000 for professional serv	vices	. 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incl organizations and other beneficiaries served, conferences convened, research pape		Expenses
1CONSULTING, POLICY DEVELOPMENT AND ADVICE BY EX	PERTS TO VARIOUS STATE AND LOCAL	399,422
GOVERNMENTS ON THE OPERATION OF SOCIAL WELFARE	AND UNEMPLOYMENT PROGRAMS	
2 WRITING, PUBLISHING AND PRODUCING PAPERS, RESEAR	· · · · · · · · · · · · · · · · · · ·	21,708
ANALYSIS ON SOCIAL ISSUES FOR DISTRIBUTION TO INBASIS	TERESTED PERSONS ON A NON-PARTISAN	
3HOLDING AND ATTENDING CONFERENCES, SPEAKING NE	TWO PKING TO DISSEMINATE BEST	122,780
PRACTICES IN SOCIAL WELFARE AND UNEMPLOYMENT IS		122,780
4 DEVELOPMENT OF ON-LINE AND INTERACTIVE ECONOM	IC CURRICULUM APPROACH TO TEACHING	67,234
ECONOMIC PRINCIPLES TO SCHOOL CHILDREN AT ALL LI		
Part IX-B Summary of Program-Related Investme	ents (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2	A mount
1		
		]
2		
		1
		1
All other program-related investments. See page 24 of the instru	ictions	
3		
<u>-</u>		1
		1
	<u>.</u> 1	
Total. Add lines 1 through 3.		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

	see page 24 or the instructions.)		T
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	5,755,053
Ь	A verage of monthly cash balances	1b	62,907
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	5,817,960
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	A cquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	5,817,960
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	87,269
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,730,691
6	Minimum investment return. Enter 5% of line 5	6	286,535
Par	<b>Distributable Amount</b> (see page 25 of the instructions) (Section 4942(j)(3) and (j)(		
	foundations and certain foreign organizations check here 🕨 🚩 and do not complete t	his pa	art.)
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Par	XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
		1-	1 015 527
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,015,537
ь	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,	_	
_	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the	_	
а	Suitability test (prior IRS approval required)	3a	
Ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,015,537
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,015,537
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	ner the	foundation qualifies for

	m 990-PF (2009)				Page <b>9</b>
P	art XIII Undistributed Income (see page	26 of the instruct	ions)		
		(a)	(b)	(c)	(d)
_	Distribute his annual fam 2000 from Dark VI. Ima 7	Corpus	Years prior to 2008	2008	2009
	Distributable amount for 2009 from Part XI, line 7				0
	Undistributed income, if any, as of the end of 2008			0	
	Enter amount for 2008 only		0		
	Total for prior years 20				
	Excess distributions carryover, if any, to 2009 From 2004				
a h	From 2005				
	From 2006				
	From 2007				
	From 2008				
	Total of lines 3a through e	(			
	Qualifying distributions for 2009 from Part				
	XII, line 4 🕨 \$				
а	Applied to 2008, but not more than line 2a			0	
ь	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
c	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				_
	Applied to 2009 distributable amount				0
	Remaining amount distributed out of corpus	(			
5	Excess distributions carryover applied to 2009	(			0
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	(			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		0		
а	tax has been previously assessed Subtract line 6c from line 6b Taxable				
u	amount—see page 27 of the instructions		0		
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27				
	of the instructions			0	
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7	A mounts treated as distributions out of				
_	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27	ſ			
	of the instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	(			
9	Excess distributions carryover to 2010.				
_	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2005				
b	Excess from 2006				
	Excess from 2007				
d	Excess from 2008				
е	Excess from 2009				

_	rm 990-PF (2009)					Page <b>10</b>
	Part XIV Private Operating For				t VII-A, question	1 9)
1a	If the foundation has received a ruling or foundation, and the ruling is effective for			operating 		
b	Check box to indicate whether the organ	ızatıon ıs a prıvate op	erating foundation	described in sectio	n 🔽 4942(J)(3) d	or <b>Г</b> 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/-> T-4-1
	income from Part I or the minimum	(a) 2009	<b>(b)</b> 2008	(c) 2007	( <b>d)</b> 2006	(e) Total
	investment return from Part X for each year listed	97,818	99,565	196,929	126,733	521,045
ь	85% of line 2a	83,145	84,630	167,390	107,723	442,888
c	Q ualifying distributions from Part XII, line 4 for each year listed	1,015,537	1,246,585	1,886,518	2,144,143	6,292,783
	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	(
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	1,015,537	1,246,585	1,886,518	2,144,143	6,292,783
3	Complete 3a, b, or c for the alternative test relied upon		, ,	, ,	· ·	, ,
а	"Assets" alternative test—enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>					(
	under section 4942(j)(3)(B)(i)					(
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	191,023	220,840	229,853	170,277	811,993
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section)					
	512(a)(5)), or royalties)					(
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					(
	(3) Largest amount of support from an exempt organization					C
	(4) Gross investment income					(
Pa	art XV Supplementary Informat				on had \$5,000	or more in
1	assets at any time during Information Regarding Foundation Mana		page 27 of the	instructions.)		
	List any managers of the foundation who before the close of any tax year (but only	have contributed mo				dation
	RICHARD L WENDT					
b	List any managers of the foundation who ownership of a partnership or other entity		·		ly large portion of t	he
2	Information Regarding Contribution, Gra					
	Check here F if the foundation only m unsolicited requests for funds If the four under other conditions, complete items 2	ndation makes gifts, q				
ā	The name, address, and telephone numb RODERICK C WENDT 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601 (541) 882-3451	er of the person to w	hom applications sh	hould be addressed		
ŀ	The form in which applications should be NO SPECIFIC FORMAT REQUIRED	submitted and infor	mation and material	ls they should inclu	de	
-	Any submission deadlines					
	NONE					

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors NONE

Recipient If recipient is an individual, show any relationship to status of Purpose of grant or Amount	Part XV Supplementary Inform 3 Grants and Contributions Paid	During the Year or Apr	proved for F	uture Payment	
Name and address (nome or business) or substantial contributor recipient  Paid during the year  Total	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Total	Name and address (home or business)		recipient	Contribution	
	a Paid during the year				
Approved to radiale payment			<del></del>		<del>                                     </del>
į l					
			•		1

Form 990-		ina Activitio	•			Page <b>12</b>
	I-A Analysis of Income-Products s amounts unless otherwise indicated		siness income	Excluded by section	512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See page 28 of the instructions)
a BOOK	& WEBSITE SALES					28,600
	JLTING INCOME					43,163
с						
	and contracts from government agencies					
	on savings and temporary cash investments			14	2,085	<u> </u>
	nds and interest from securities			14	23,970	
	ntal income or (loss) from real estate					
<b>a</b> Debt-	-financed property					
<b>b</b> Not d	ebt-financed property					
	al income or (loss) from personal property			-		_
	investment income					530,963
	(loss) from sales of assets other than inventory come or (loss) from special events					330,903
	profit or (loss) from sales of inventory.					
	revenue a					
d						
	al Add columns (b), (d), and (e).			0	26,055	'
	Add line 12, columns (b), (d), and (e).			1	3	628,781
	vorksheet in line 13 instructions on page 2  I-B Relationship of Activities to			Exempt Purpose		
Line No.	Explain below how each activity for wh the accomplishment of the organizatio	ıch ıncome ıs rep	orted in column	(e) of Part XVI-A co	ntributed importa	•
	page 28 of the instructions )					
1A	MISCELLANEOUS SALES OF PUBLICA OVERHEAD AND CHARITABLE PURPC			OCEEDS CONTRIB	UTING TO THE	) PERATING
1 b	MISCELLANEOUS SPEAKING FEES AN CONTRIBUTING TO THE OPERATING					PRO CEEDS
-						

Form 99	90-PF (2	2009)								Pa	ge <b>1</b> 3
Part	XVII	Information Ro Noncharitable				ansa	ctions an	d Relationships With			
<b>1</b> Did t	he organiz				he following with any othe	er organi	zation describe	d in section		Yes	No
501(	c) of the (	Code (other than section	501(c)(3)	organızat	ions) or in section 527, re	lating to	political organi	zations?			
<b>a</b> Trai	nsfers fr	om the reporting four	ndation t	o a nonc	:harıtable exempt org	anızatı	on of				
(1)	Cash.								1a(1)		No
(2)	Othera	issets							1a(2)		No
<b>b</b> 0 th	er trans	actions									
(1)	Sales o	fassets to a noncha	ırıtable e	xempt o	rganızatıon				. 1b(1)		No
(2)	Purcha	ses of assets from a	nonchar	ıtable ex	cempt organization.				. 1b(2)		No
(3)	Rental	of facilities, equipme	nt, or oth	nerasse	ts				. 1b(3)		No
(4)	Reımbu	rsement arrangemer	nts						. 1b(4)		No
		-							<u> </u>		No
											No
	-		-	•							No
of th	ne goods	, other assets, or se	rvices gi	ven by 1	the reporting foundati	on Iftl	he foundatio	hould always show the fair r in received less than fair ma her assets, or services rece	rket value		
(a) Line	No	(b) Amount involved	(c) Nam	e of nonc	harıtable exempt organıza	tion	(d) Descript	ion of transfers, transactions, and	sharıng arra	ingemei	nts
des	crıbed ır 'es," cor	•	he Code schedule	(other th	vith, or related to, one nan section 501(c)(3	)) or ın	section 527			<sub>es</sub> F	
											,
	the be based		and belie	f, it is tr	ue, correct, and comp		_	companying schedules and s f preparer (other than taxpa		•	
	Sig	nature of officer or t	rustee				Date	Title			
Sign Here	l er's nly	Preparer's Rick Signature	Dillard				Date	Check if self- employed ▶ ✓	Preparer': identifyind number (s <b>Signat ure</b> 30 of the i	g see son pa	_
-	Paid Preparer's Use Only	Firm's name (or your if self-employed),	urs	MOLA	TORE SCROGGIN P	ETERS	ON & CO LI	_P EIN ►			
		address, and ZIP c	ode	824 P	INE STREET						
				VI A M4	ATH EALLS OF 534	: 0 1		Phone no (541)	884-416	4	
		i		KLAM.	ATH FALLS, OR 976	OT					

Schedule B	Schedule of Contributors	OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF.	2009	
Name of organization AMERICAN INSTITUTE FOR F	ULL EMPLOYMENT	Employer ide	entification number
Organization type (ch	eck one)	94-322923	2
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more in noise on the contributor. Complete Parts I and II	(in money or	
under sections 6 greater of (1) \$5  For a section 50 during the year, scientific, literary	1(c)(3) organization filing Form 990 or 990-EZ, that met the 33 <sup>1</sup> /3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any or aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitally, or educational purposes, or the prevention of cruelty to children or animals. Comple 1(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any or	or, a contributi e 1 Complete ne contributor ble, te Parts I, II, a	Parts I and II , nd
during the year, not aggregate to the year for an e applies to this or	contributions for use exclusively for religious, charitable, etc., purposes, but these comprethan \$1,000 If this box is checked, enter here the total contributions that were exclusively religious, charitable, etc., purpose. Do not complete any of the parts unles ganization because it received nonexclusively religious, charitable, etc., contributions	ontributions d received duri s the <b>Gener</b> a	ıd ıng al Rule
990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special Rules does not file Sche it <b>must</b> answer "No" on Part IV, line 2 of its Form 990, or check the box in the headin 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedul	g of its	

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As Filed Data -

DLN: 93491319018240

Name of organization
AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Employer identification number

94-3229232

Part I	Contributors (see Instructions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
_1_	JACOBS FAMILY FOUNDATION  404 EUCLID AVE  SAN DIEGO, CA 92114	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
_2	PO BOX 3121 PORTLAND, OR 97208	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
_		\$	Person   Payroll   Noncash   Payroll   Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
_		\$	Person				

Name of organization
AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Employer identification number

94-3229232

Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization
AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Employer identification number

94-3229232

	contributions of <b>\$1,000 or less</b> for the year	ar (Enter this information	once See instru	ctions ) F \$
a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		_		
	Transferee's name, address, a	(e) Transfer nd ZIP 4	of gift	ship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
arti				
				-
_	Transferee's name, address, a	(e) Transfer nd ZIP 4	of gift	ship of transferor to transferee
_	Transferee's name, address, a	Transfer	of gift	ship of transferor to transferee
rom	Transferee's name, address, a  (b)  Purpose of gift	Transfer	of gift Relations	ship of transferor to transferee  (d)  Description of how gift is held
from	(b)	Transfernd ZIP 4	of gift Relations	(d)
from	(b) Purpose of gift	Transfer	of gift Relations gift  of gift	(d) Description of how gift is held
a) No. from Part I	(b)	Transfer	of gift Relations gift  of gift	(d)
a) No.	(b) Purpose of gift  Transferee's name, address, a	Transfer nd ZIP 4  (c) Use of g  Transfer	of gift Relations gift  of gift	(d) Description of how gift is held
from	(b) Purpose of gift	Transfer	of gift Relations gift  of gift Relations	(d) Description of how gift is held
a) No.	(b) Purpose of gift  Transferee's name, address, a	Transfer  Ind ZIP 4  (c) Use of g  Transfer  (e)  Transfer  (c)  (c)	of gift Relations gift  of gift Relations	(d) Description of how gift is held ship of transferor to transferee (d)
a) No.	(b) Purpose of gift  Transferee's name, address, a	Transfer  (c) Use of g  (e) Transfer  (c) Use of g  (e) Transfer  (c) Use of g	of gift Relations  gift Relations  of gift Relations	(d) Description of how gift is held ship of transferor to transferee (d)

#### **Additional Data**

**Software ID:** 09000028

**Software Version:** 2009.04050

**EIN:** 94-3229232

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN COURTNEY	PRESIDENT/secretary	0	0	0
3250 LAKEPORT BLVD KLAMATH FALLS,OR 97601	0 50			
RICHARD L WENDT	DIRECTOR	0	0	0
3250 LAKEPORT BLVD KLAMATH FALLS,OR 97601	0 50			
RODERICK WENDT	DIRECTOR	0	0	0
3250 LAKEPORT BLVD KLAMATH FALLS,OR 97601	0 50			
TED ABRAM	EXECUTIVE	0	0	0
3250 LAKEPORT BLVD KLAMATH FALLS,OR 97601	DIRECTOR 0 50			
JAMES MADDEN	TREASURER/DIRECTOR	0	0	0
3250 LAKEPORT BLVD KLAMATH FALLS,OR 97601	0 50			

# **TY 2009 Accounting Fees Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	13,165	6,503	0	3,875

# **TY 2009 General Explanation Attachment**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

ldentifier	Return Reference	Explanation
STATUTORY MERGER OF ASSETS UNDER SECTION 368(A)(1) (A)		STATUTORY MERGER OF ASSETS TRANSFERRED FROM WENDT CENTER FOR EDUCATIONAL ENHANCEMENT, A 501(C)(3) ORGANIZATION, INTENDED TO QUALIFY UNDER 368(A)(1)(A) A CQUIRING AND TARGET ORGANIZATION WILL EACH BE A 'PARTY TO THE REORGANIZATION' WITHIN THE MEANING OF SECTION 368(B) THE TRANSACTION WILL NOT ADVERSLY AFFECT THE TAX-EXEMPT STATUS OF AMERICAN INSTITUTE FOR FULL EMPLOYMENT UNDER SECTION 501(C)(3) AND SECTION 509(A) (3) ASSETS TRANSFERRED CASH \$ 642,982MARKETABLE SECURITIES 206,254CORPORATE STOCK 669,060TOTAL 1,518,296LESS LINE OF CREDIT LOAN ASSUMED -90,000NET ASSETS TRANSFERRED \$1,428,296

# **TY 2009 Investments Corporate Stock Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DR HORTON INC CMN	54,350	54,350
JELD-WEN HOLDING COMPANY	3,658,340	3,658,340
KB HOMES INC CMN	41,040	41,040
MERITAGE HOMES INC CMN	55,574	55,574
PULTE HOMES INC. CMN	46,400	46,400
SOUTH VALLEY BANK & TRUST CMN	978,584	978,584
TOLL BROS INC.	75,240	75,240
BANK OF AMERICA	15,060	15,060
IMS FUND	102,761	102,761

# **TY 2009 Legal Fees Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES - LEGAL	2,673	0	0	5,235

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# **TY 2009 Mortgages and Notes Payable Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

**EIN:** 94-3229232

**Total Mortgage Amount:** 

Item No.	1
Lender's Name	PREMIER WEST BANK
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	500000
Balance Due	0
Date of Note	2008-10
Maturity Date	
Repayment Terms	
Interest Rate	3.25000000000
Security Provided by Borrower	LINE OF CREDIT
Purpose of Loan	OPERATING CAPITAL
Description of Lender Consideration	43,500 SH SVSB STOCK
Consideration FMV	
<u></u>	

### **TY 2009 Other Assets Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MISCELLANEOUS	225	225	225
PREPAID INCOME TAXES	2,302	1,616	1,616

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# **TY 2009 Other Decreases Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Description	Amount
UNREALIZED GAINS/LOSSES ON INVESTMENTS	2,139,982
CORRECT FOR PRIOR PERIOD ACCOUNTS PAYABLE ACCRUAL	1,068

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# **TY 2009 Other Expenses Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	5,600	0	0	5,600
SUBSCRIPTIONS	1,315	0	0	1,315
TELEPHONE	1,114	0	0	1,114
SUPPLIES	3,466	0	0	3,666
BANK CHARGES	139	0	0	139
POSTAGE	3,959	0	0	1,583
MISC OPERATING EXPENSES	317	0	0	317
PRODUCTION COSTS-BOOKS & WEBSITE	20,026	0	0	20,026

### **TY 2009 Other Income Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BOOK & WEBSITE SALES	28,600		28,600
CONSULTING INCOME	43,163		43,163

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### **TY 2009 Other Increases Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Description	Amount
ACCRUED TAX DEFERRAL REVERSAL	38,000
ASSETS RECEIVED FROM WENDT CENTER FOR EDUCATIONAL ENHANCEMENT-SEE FOOTNOTES	1,428,296

### **TY 2009 Other Liabilities Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAXES	116,000	78,000
CASH DEFICIT	15,947	0

### **TY 2009 Other Professional Fees Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKKEEPING SERVICES	33,729	3,373	0	29,711
CONSULTING FEES	422,214	0	0	453,734

### **TY 2009 Taxes Schedule**

Name: AMERICAN INSTITUTE FOR FULL EMPLOYMENT

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CORPORATE FILING FEES	392	0	0	342
OREGON CT-12 FILING FEE	769	0	0	769
FEDERAL INO CME TAX	686	0	0	0
OREGON EXCISE TAX	10	0	0	0