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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2009 calendar year, or tax year beginning JULY 1 , 2009, and ending JUNE 30 20 Check if applicable Please C Name of organization D Employer identification number Address change LA CRESCENT COMMUNITY FOUNDATION INC 41-1836327 label or Name change Number and street (or P O box, if mail is not delivered to street address) orant or E Telephone number Initial return type. P O BOX 170 507-895-2529 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc tions. LA CRESCENT, MN 55947 Application pending Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► If the organization is not WWW.LACRESCENTCOMMUNITYFOUNDATION.ORG Website: ▶ required to attach Schedule B (Form 990. Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 3990 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 250 2 Program service revenue including government fees and contracts 0 2 3 Membership dues and assessments . . . 3 0 4 Investment income 4 1454 5a Gross amount from sale of assets other than inventory 5a Λ Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 C 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐ Gross revenue (not including \$ 0 of contributions 2286 6a 826 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c 1460 Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue describe 8 8 9 Total revenue. Add line 2, 3, 4, 5c, 6c, 7c, and 8 9 3164 Gramts and similariamounts paid (attach schedule) . . . Benefits paid to or for meglibers 10 10 5000 11 0 11 Salaries, other compensation, and employee benefits 12 0 12 13 Professional fees and other payments to independent contractors. 0 13 14 Occupancy, rent, utilities, and maintenance 0 14 15 Printing, publications, postage, and shipping 15 606 16 Other expenses (describe ▶ 16 17 Total expenses. Add lines 10 through 16. 17 5606 -2442 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . 163713 19 20 Other changes in net assets or fund balances (attach explanation) . . . 20 15841 Net assets or fund balances at end of year. Combine lines 18 through 20 177112 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year 163713 177112 Cash, savings, and investments 22 23 Other assets (describe ▶ 24 Total assets 163713 25 177112 /Total liabilities (describe ▶ 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 163713 27 177112

Par	t III Statement of Program Service Accomp	olishments (See the instru	uctions for Part III	.)		Expenses				
Vha	What is the organization's primary exempt purpose? PROMOTE THE CITY OF LA CRESCENT									
Desc	cribe what was achieved in carrying out the organic	anization's exempt purpos	es. In a clear an	d concise)(3) and 501(c)(4)				
nanı	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant infor	mation for		izations and section a)(1) trusts, optional				
each	program title.				for ot					
28										
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a					
29										
		(Grants \$) If this amount includes foreign grants, check here ▶ □								
30					29a					
•						1				
		***************************************		••••••••••						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a					
31	Other program services (attach schedule)									
		includes foreign grants, che			31a					
32	Total program service expenses (add lines 28a ti	hrough 31a)		🕨	32					
	t IV List of Officers, Directors, Trustees, and Key				instruc	tions for Part IV)				
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances				
WIL	LIAM OHM	PROJECT CHOUSE								
LAC	CRESCENT, MN 5947	PRSIDENT - 5 HOURS	0		0	0				
SAR	RAH DOHNALIK	TDEAGUEER - WOULE								
LA (CRESCENT, MN 55947	TREASURER - 5 HOURS	0		0	0				
SHE	ILA WIESER	VIOL BELLEVIE A HOUSE								
LA C	CRESCENT ,MN 55947	VICE PRESIDENT - 1 HOUR	o		0	0				
BEV	JIARDINA	CECDETARY ALIQUE								
LA (CRESCENT, MN 55947	SECRETARY - 1 HOUR	0		0	0				
				<u></u>						
				<u></u>						
			1							

Part	Other Information (Note the statement requirements in the instructions for Part V.)		·	uge •
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	04		-
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:]		
a	Initiation fees and capital contributions included on line 9	4		
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			✓
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	L	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	,′		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶		L	_ •
42a	The organization's books are in care of ► SARAH DOHNALIK Telephone no. ►	507-89	5-311	7
	Located at ► 640 NORTH 2ND, LA CRESCENT, MN ZIP + 4 ►	55947		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		•	. ب
	, ————————————————————————————————————	_		
		i	Yes	Νo
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 55	
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	1		"
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	1

Part VI

May the IRS discuss this return with the preparer shown above? See instructions

46 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 II	Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(7(a)(1) nonexem d 51.	l) nonexen ot charitabl	n pt charit ale trusts m	abl usi	e trusts only. A answer questio	ll sed	tion 6–49	b
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 1700(i)([A](ii)? If "Yes," complete Schedule E 48 J V 49a Did the organization as chool as described in section 1700(i)([A](ii)? If "Yes," complete Schedule E 48 J V 49a Did the organization as companied to the companied of the second of the secon					n behalf of	or	in opposition to		Yes	No
48 is the organization a school as described in section 170(h)(1)(h)(1)? If "Yes," complete Schedule E		candidates for public office? If "Yes," complete S	Schedule C, Part I					46		✓
Did the organization make any transfers to an exempt non-charitable related organization?	47	Did the organization engage in lobbying activities	? If "Yes," comple	te Schedule	C, Part II			47		✓
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization or the state of the organization of the organization of the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average devoted to position devoted to position of the organization of the organization of the organization. If there is none, enter "None." (c) Compensation of the organization of the organization. If there is none, enter "None." (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation of the organization of prepare (other than officer) is based on all information of which prepare has any knowledge of the organization of prepare (other than officer) is based on all information of which prepare has any knowledge of preparer's dentifying number (Se institutions) spinitute of officer or pagnetic Declaration of preparer (other than officer) is based on all information of which prepare has any knowledge of preparer's gently organizer of officer or pagnetic Declaration of preparer (other than officer) is based on all information of which preparer is dentifying number (Se institutions) spinitute of officer or pagnetic Declaration of preparer (other than officer) is based on all information of which preparer is dentifying number (Se institutions) spinitute of officer or pagnetic Declaration of preparer (other than officer) is based on all information of which preparer is dentifying number (Se institutions) spinitute of officer or pagnetic Declarat								48		✓
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 devoted to position when the organization is the organization of prepare organization of the organization of prepare organization of prepare organization of the organization of prepare organization organization organization of prepare organization organization of prepare organization								49a	L	✓
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more hours per week devoted to position (b) Titles and water the project benefit plans of employee spaid over \$100,000										✓
(a) Name and address of each employee paid more hours per week devoted to position NONE Compensation Comp										
f Total number of other employees paid over \$100,000		(a) Name and address of each employee paid more	(b) Title and aver hours per wee	age (c			(d) Contributions to employee benefit plans &	(e ac) Exper	nse and
Sign Here Signature of officer Signature of paid Preparer's Signature of Date Preparer's Signature of Date S	NONE									
Sign Here Signature of officer Signature of paid Preparer's Signature of Date Preparer's Signature of Date S										
Sign Here Signature of officer Signature of paid Preparer's Signature of Date Preparer's Signature of Date S					·					
Sign Here Signature of officer Signature of paid Preparer's Signature of Date Preparer's Signature of Date S										-
Sign Here Signature of officer Signature of paid Preparer's Signature of Date Preparer's Signature of Date S							<u></u>			
Sign Here Signature of officer Signature of paid Preparer's Signature of Date Preparer's Signature of Date S							L			
d Total number of other independent contractors each receiving over \$100,000 ▶		\$100,000 of compensation from the organization	n. If there is none,	enter "None	."					
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer SARAH DOHNALIK, TREASURER Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed), Firm's name (or yours if self-employed),	NONE									
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer SARAH DOHNALIK, TREASURER Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed), Firm's name (or yours if self-employed),						_				_
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer SARAH DOHNALIK, TREASURER Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed), Firm's name (or yours if self-employed),										
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer SARAH DOHNALIK, TREASURER Type or print name and title Preparer's Signature Preparer's identifying number (See instructions) Firm's name (or yours if self-employed), Firm's name (or yours if self-employed),										
Sign Here Signature of officer Date Preparer's Signature Preparer's Signature Preparer's Signature Signature Preparer's Signature Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's identifying number (See instructions) Signature Firm's name (or yours if self-employed), Signature Preparer's identifying number (See instructions) Signature Firm's name (or yours if self-employed),	d	Total number of other independent contractors e	each receiving over	r\$100,000	>					
Here Signature of officer SARAH DOHNALIK, TREASURER Type or print name and title Paid Preparer's Signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), yours if self-employed), preparer's EIN Date Check if self-employed ▶ □ Firm's name (or yours if self-employed), preparer's identifying number (See instructions) EIN ■ Preparer's identifying number (See instructions)		Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including of preparer (other than	accompanying officer) is based	schedules and i on all informa	stat	tements, and to the bes of which preparer has	at of m	y know owledg	rledge ge
Signature of officer SARAH DOHNALIK, TREASURER Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours if self-employed), yours if self-employed), EIN	Sign Here	Such bolival 111-30.							ιC)
Paid Preparer's signature Preparer's Use Only Preparer's Date Check if self-employed ▶ □ Preparer's identifying number (See instructions) EIN EIN Preparer's identifying number (See instructions)	, 1016	Signature of officer Date								
Paid Preparer's Use Only Vision In the part of signature Self-employed ▶□ Firm's name (or yours if self-employed),		Type or print name and title								
Preparer's Firm's name (or yours if self-employed), EIN		signature		Date	self-		Preparer's identifying nur	nber (S	ee instru	ictions)
Use Unity yours if self-employed),	-	I Firm S name for A			<u>, </u>	EIN	· •			
	use Or	yours if self-employed), address, and ZIP + 4								

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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number LA CRESCENT COMMUNITY FOUNDATION INC. 1836327 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IBC section governing document col (i) of your (i) organized in the (see instructions)) US 2 support? Yes No Yes No Yes No

	(Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support	, ·····					
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<u> </u>					
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) Public support. Subtract line 5 from line 4.	\$1	, ž	***************************************	*	.>	
	tion B. Total Support	L	<u> </u>	<u> </u>		1	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	/f) Total
7	Amounts from line 4	(4) 2000	(6) 2000	(0) 2007	(u) 2008	(e) 2009	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	`					
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re , , ,		nd, third, fourth,		ear as a sec	tion 501(c)(3)
						T	
14	Public support percentage for 2009 (line		•	1, column (f))		14	<u>%</u> -
15	Public support percentage from 2008 Sc					15	%_
IVa	331/4 % support test—2009. If the organiand stop here. The organization qualifies	zation did not (cneck the box (on line 13, and I	ine 14 is 33/3	% or more, cl	neck this box
h	33% % support test—2008. If the organi						
~	box and stop here . The organization qua	alifies as a publ	licly supported	organization	and line 15 is	33/3 % OF INO	e, crieck this ▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	009. If the organ	iization did not i mstances" test,	check a box on i	ine 13, 16a, or and stop here	r 16b, and line . Explain in Pa	14 is 10% or int IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test The	nstances" test, o organization qua	check this box a alifies as a public	nd stop here ly supported oi	Explain in Parganization .	rt IV how the .► □

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.)

	to the control of the	Ja the box of	1 11110 3 01 1 0	(1.1.)			
	tion A. Public Support	,			,		
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				260	250	510
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1525	2286	3811
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	it to and a mit.					
6	Total. Add lines 1 through 5				1785	2536	4321
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				·		
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				1785	2536	4321
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5344	1454	6798
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>		5344	1454	6798
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)				7129	3990	
14	First five years. If the Form 990 is for torganization, check this box and stop	here .	<u>.</u> .		h, or fifth tax y	ear as a secti	on 501(c)(3) . ▶ ☑
	tion C. Computation of Public Su				· -		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column	(f))	15 16	<u>%</u> %
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage				
17 18	Investment income percentage for 2009 Investment income percentage from 20	olumn (f)) .	17 18	<u>%</u> %			
19a	331/3 % support tests — 2009. If the organization is not more than 331/3 %, check this b	and line 15 is m	nore than 331/3	%, and line			
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	33/3 %, and
20	Private foundation. If the organization	· · · · · · · · · · · · · · · · · · ·	_				,

Schedule A (Fo	Schedule A (Form 990 or 990-EZ) 2009 Page 4									
Part IV			nation. Colo; and Part	mplete this t III, line 12	part to pr . Provide a	ovide the iny other	explanational	ons required information.	by Part II, lir See instructi	ne 10; ons.
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09-10_990-EZ_Line-20_Explanation-LCF.txt Explanation of Change in Assests that is listed on Line #20: Mutual fund investments gained \$15841 during the fiscal year.