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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

OMB No 1545-0047

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For th	te 2009 calendar year, or tax year beginning $JUL 1, 2009$ and ending	JUN 30, 2010	
В	Check i		D Employer identifi	cation number
	Addr	ess label or GROUT MUSEUM, INC.		
	Nam chan	e ge type Doing Business As	42-1	333059
	Initia retur	n See Number and street (or P.U. box if mail is not delivered to street address) Room/suiti	E Telephone numbe	r
	Term	Instruc-	319-	<u>234-6357</u>
<u>_</u>	Ame	City or town, state or country, and ZIP + 4	G Gross receipts \$	638,070.
L_	Appl tion pend	WATERDOO, IA 30701	H(a) Is this a group re	
		F Name and address of principal officer: BILLIE BAILEY	for affiliates?	Yes X No
-		same as C above	H(b) Are all affiliates inc	
		tempt status: X 501(c)(3) ◀ (Insert no.)	_	list. (see instructions)
			H(c) Group exemption	A State of legal domicile IA
	art I		TOTTOTTIALION TO SELFT	n State of legal dufficile 121
	1	Briefly describe the organization's mission or most significant activities: TO PROVID	E FUNDS TO T	HE H.W.
Activities & Governance		GROUT TRUST FOR EXPANSION AND OPERATIONS OF T		CONNECTION
Ē	2	Check this box if the organization discontinued its operations or disposed of mo	re than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		15
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	15
ies	5	Total number of employees (Part V, line 2a)	5	0
Ĭ.	6	Total number of volunteers (estimate if necessary)	6	0
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	. <u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990 T, line 34		0.
Revenue			Prior Year	Current Year 637,941.
	8 9	Contributions and grants (Part VIII, line 1h)		037,341.
ě	10	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·	129.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· -	638,070.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		278,852.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		24,719.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		303,571.
<u> </u>	19			334,499.
Assets or d Balances			eginning of Current Year 48,374.	End of Year 17,873.
Asse Bali	20	Total assets (Part X, line 16)	500,000.	135,000.
e Set	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	<451,626.	
Pz	rt fl		1151/0201	111/12/6
<u> </u>		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements	, and to the best of my knowled	ge and belief, it is true, correct,
		and complete Deciaration of preparer (other than officer) is based on all information of which preparer has any knowledge	e /	/,
E ig	า	A Deucage, /	5/211	
©Her		Signature of officer	Date	<i>I</i>
&		ED GALLAGHER, JR., DIRECTOR		
<u> </u>		Type or print name and title		
墨aid		Troportion of the second of th	Sif- (see in:	er's identifying number structions)
Pren	arer's	signature	nployed 🕨 🛄	· · · · · · · · · · · · · · · · · · ·
Use	Only	Firm's name (or yours if self-employed), P.O. BOX 2100	EIN ►	
Use		address, and	Dharana 🕨 2	19-234-6885
Z/A	the	RS discuss this return with the preparer shown above? (see instructions)	Prione no	
(IVICE)	01 02-0		structions	Yes No Form 990 (2009)
المحدد		or the department of the second o		()

Forn	m 990 (2009) GROUT MUSEUM, INC.	42-1333059 Pa	age 2
Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: THE PURPOSES FOR WHICH THE CORPORATION IS ORGANI		
	OPERATED ARE EXCLUSIVELY FOR CHARITABLE AND EDUC		
	CONNECTION EXCLUSIVELY FOR THE BENEFIT OF THE TR	USTEES OF THE H.W.	
2	Did the organization undertake any significant program services during the year which were not if	isted on	
_	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any proglif "Yes," describe these changes on Schedule O.	gram services?	No
4	Describe the exempt purpose achievements for each of the organization's three largest program	services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	0.50	0.50	
4a		,852.)(Revenue \$)
		ANSION AND OPERATIONS THE TRUSTEES.	
	OF THE MOSEOM IN CONNECTION WITH THE BENEFIT OF	THE TRUSTEES:	
		·- <u>-</u>	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code.) (Expenses \$ including grants of \$) (Hevenue V	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
			_
4d	, ,		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses >\$ 278,852.		

Form 990 (2009) GROUT MUSEUM
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			ļ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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		X
10	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	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	11	X	
•	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.	l		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1		
•	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 487 If "Yes," complete Schedule D, Part X.	İ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		v
	Schedule D, Parts XI, XII, and XIII.	12	 	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes. "completing Schedule D. Parts XI. XII. and XIII is optional." 12A X	-		
	The state of the s	10	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 -	<u> </u>
Đ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	4.45		х
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	 	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45	l	х
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	 	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		x
47	located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 ''	 	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
20	complete Schedule G, Part III	19 20	 -	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	(2000)

Form 990 (2009) GROUT MUSEUM, INC.

Part IV Checklist of Required Schedules (continued)

		-	. 1	
04	Did the average time was at years the aft 000 of average and ather appropriate and average times in the		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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	· · · · · · · · · · · · · · · · · · ·		_	
_ ,,	last day of the year, 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		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
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		<u>X</u>
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	l		v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-	1	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28c		Х
20	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	29	\vdash	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions in the rest complete contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	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	ł		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
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		X
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	<u> </u>	X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	v	
	Note. All Form 990 filers are required to complete Schedule O.	38_	X 200	
		Form	990	2009)

Form 990 (2009)

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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.

Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 15		- 1			
b	Enter the number of voting members that are independent 1b 15					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		i			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X		
6	Does the organization have members or stockholders?	6	X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	i				
	governing body?	7a	Х			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	by the following:					
а	The governing body?	8a	X_			
	Each committee with authority to act on behalf of the governing body?	8ь	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X			
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?					
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,			
	in Schedule O how this is done	12c	X			
13	Does the organization have a written whistleblower policy?	13	X			
14	Does the organization have a written document retention and destruction policy?	14	X	ļ		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l		v		
	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b	ļ	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v		
	taxable entity during the year?	16a		X		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation					
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1.0.				
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None					
17	Lot the states with which a copy of this form one to require to the mass	for				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	: 101				
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request		احتمما			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na iina	iricial			
	statements available to the public.	tion.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza BILLIE BAILEY - 319-234-6357	mon: •				
	503 SOUTH STREET, WATERLOO, IA 50701					
	JUJ BOUTH DIRECT WATERDOOP IN JULOT					

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 organization'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 employee."
- 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 (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per week	Individual trustee or director	nece setson brothstee	Officer		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BARBARA CORSON							-			
PRESIDENT	1.00	X		Х		L		0.	0.	0
DAVID ALLBAUGH						Π				
VICE-PRESIDENT	1.00	X	<u> </u>	X				0.	0.	0
JOHN BURNS						-				
SECRETARY/TREASURER	1.00	X		X				0.	0.	0
ROBERT BRADFORD							ŀ			
DIRECTOR	0.50	X	<u> </u>					0.	0.	0
HAROLD BROCK		1								,
DIRECTOR	0.50	X	_	L		L	L.	0.	0.	0
RUSSEL CLARK					i					
DIRECTOR	0.50	X	<u> </u>			<u> </u>	ļ	0.	0.	0
DAVID GREENE										
DIRECTOR	0.50	X			ļ	<u> </u>		0.	0.	0
MARY ELLEN WARREN			1	İ	ľ	l	ŀ			
DIRECTOR	0.50	X				<u> </u>	_	0.	0.	0
MICHAEL YOUNG	0.50			1						
DIRECTOR	0.50	X	ļ_			├-	_	0.	0.	0
JUDY BURFEIND	0.50									_
DIRECTOR	0.50	X		_	<u> </u>		<u> </u>	0.	0.	0
HOWARD CRAVEN	1 2 52							_	^	^
DIRECTOR	0.50	X	ļ		_	 	<u> </u>	0.	0.	0
RYAN MALECEK	0.50	.,							^	^
DIRECTOR	0.50	X	ļ	-	-	├-	_	0.	0.	0
JOHN RATHJEN	0.50	U		Ì				0.	0.	^
DIRECTOR	0.50	X	\vdash	-		├-	\vdash	ļU.	<u> </u>	0
ROGER OLESEN	0.50	U	1						0.	^
DIRECTOR	0.50	^		-	ļ. <u></u>	├-	_	0.	<u> </u>	0
ED GALLAGHER, JR.	0.50	,			Ì			0.	0.	0
DIRECTOR	0.50	^	 	-		├	-		0.	
IKE LEIGHTY	0.50	.						0.	0.	0
DIRECTOR	1 0.50	ĮΛ	t	ı	l	Ι.	1	1 0.	<u>_</u>	

1.51	3 VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	yee	s, a	nd ł	iigh	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B)			(0	2)			(D)	(E)			(F)	
	Name and title	Average Position hours (check all that apply)							Reportable Reportable			l l		
		hours per week	_		all				from the organization	compensation from related organizations (W-2/1099-MIS		comp fro	ount on other oensation the	tion
			Individual trustee or director	Institutional frustee	Officer	Кеу етрюуее	Highest compensate employee	Former	(W-2/1099-MISC)			and	anizati I relate nizatio	ed
<u> </u>				-										
			_				-				$\overline{}$			
			_											
							-				-			
			-											_
			_	-		ļ 					_			_
1 h	Total		<u>_</u>					<u> </u>	0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	iste	ed al	bov	e) wi	no re),000 in reportable				(
3	Did the organization list any former officer,	director or tru	stee	e, ke	y en	olqr	yee,	or t	nighest compensated e	mployee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	ım of reportab	le co							the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedu	accrue compe	nsat	ion 1						rices rendered to		5		X
Sec	tion B. Independent Contractors	ule o for socii	<u> </u>								1			
1	Complete this table for your five highest conthe organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	(A) Name and business	address							(B) Description of	services	C	omper		n
			_	_		-		-	· · · · · · · · · · · · · · · · · · ·					_
								\dashv						
				_										
								\dashv						
2	Total number of independent contractors (in \$100,000 in compensation from the organization from the organizati	=	ot li	mite	d to		se lı: O	sted	above) who received r	nore than				

42-1333059 Form 990 (2009) GROUT MUSEUM, INC. Page 9 Statement of Revenue Part VIII (D) Revenue (C) (A) (B) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns 1,135. Membership dues 1b 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 636,806. similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$_ 637,941. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 129. 129. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ii) Personal (i) Real 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d O. 129. 638,070. Total revenue. See instructions 12

932009 02-04-10 Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ο (Δ) but are not required to complete columns (B), (C), and (D).

Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and	270 052	270 052		
	organizations in the U.S. See Part IV, line 21	278,852.	278,852.		······
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		 		
9	Other employee benefits				
10	Payroll taxes				·····
11	Fees for services (non-employees):			ļ	
а	Management	·			
b	Legal				-
C	Accounting				
d	, ,			· · · · · · · · · · · · · · · · · · ·	
е	Professional fundraising services See Part IV, line 17	24,389.		24,389.	
f	Investment management fees	24,309.		24,307.	<u> </u>
g	Other				
12	Advertising and promotion				
13	Office expenses			 	
14	Information technology			 	
15	Royalties				
16	Occupancy				
17	Travel			 	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			·	
19	Conferences, conventions, and meetings				
20	Interest		·	 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-			
23	Insurance				
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) MISCELLANEOUS	330.	<u>}</u>	330.	
a		330.			
ь					
C			-		
d					
e	All all an automatic			 	
f	Ali other expenses Add lines 1 through 24f	303,571.	278,852	24,719.	0
25	Total functional expenses. Add lines 1 through 24f	303,371.	2,0,032		
26	Joint costs. Check here Jif following				1
	SOP 98-2 Complete this line only if the organization		{		-
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	35,358.	1	9,978.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II	ļ		
	ł	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	}	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Q	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	1	basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	. 12 016	14	7 005
	15	Other assets. See Part IV, line 11	13,016.	15	7,895.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,374.	16	17,873.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20	
Liabilities	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	······································
Ē	22	Payables to current and former officers, directors, trustees, key employ	1		
Ξ.		highest compensated employees, and disqualified persons. Complete F of Schedule L	-art II	22	
	23	Secured mortgages and notes payable to unrelated third parties	500,000.	23	135,000.
	24	Unsecured notes and loans payable to unrelated third parties	30070001	24	
	25	Other liabilities. Complete Part X of Schedule D	<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25	500,000.	26	135,000.
		Organizations that follow SFAS 117, check here X and com			
S		lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	<451,626.	>27	<117,127.>
ala	28	Temporarily restricted net assets	<u> </u>	28	
B 5	29	Permanently restricted net assets		29	
뎚			ind		100 100 100 100 100 100 100 100 100 100
5		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid in or capital surplus, or land, building, or equipment fund		31_	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	<451,626.	>33	<117,127.>
	34	Total liabilities and net assets/fund balances	48,374.	34	17,873.

Form **990** (2009)

Form	990 (2009) GROUT MUSEUM, INC. 42-133	<u> 3059</u>	Pag	ge 12
Pal	t XI Financial Statements and Reporting		•	
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash 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?	2a	<u> </u>	X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			:
	Act and OMB Circular A-133?	3a		<u>X</u>

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 42-1333059

		GROUT M	USEUM, INC.						42	<u> -1333</u>	<u>059 </u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
1 🔲	A church, con A school des	nvention of churches cribed in section 17	because it is: (For lines 1 s, or association of churc (0(b)(1)(A)(ii). (Attach Sc	ches desci hedule E.)	1bed in se	ction 170	(b)(1)(A)(i).	•				
3 📙	A medical res	search organization o	tal service organization or operated in conjunction	with a hos	pital descr	ıbed in se	ction 170(s name),
6	section 170 A federal, sta An organizati section 170((b)(1)(A)(iv). (Complete, or local government on that normally rection(b)(1)(A)(vi). (Complete)	ent or governmental unit eives a substantial part o te Part II.)	t described of its supp	d in sectio ort from a	n 170(b)(1)(A)(v).				ribed in	I
9 🗌	An organizati activities rela income and to See section	ion that normally rec ited to its exempt fur unrelated business to 509(a)(2). (Complete		1/3% of its ain exception tion 511 ta	support frons, and (2 x) from bu	2) no more sinesses a	than 33 1 acquired b	/3% of its y the orga	support fr	rom gross	ınvestn	nent
10	An organization more publicly describes the a Type By checking foundation management.	ion organized and or y supported organiza e type of supporting b b this box, I certify that nanagers and other t	perated exclusively to ter- perated exclusively for the ations described in section organization and complete Type II at the organization is not than one or more publicition of the ten determination from the perated exclusively to the perated excl	ne benefit of on 509(a)(* ete lines 1 c Typ controlled y supporte	of, to perfo i) or section ie through e III - Func i directly o d organiza	orm the fur on 509(a)(2 a 11h. tionally int r indirectly ations des	nctions of, 2). See sec tegrated by one or cribed in s	or to carry etion 509(a more disc ection 509	d qualified p	ck the box Type III - C ersons oth	that Other ner than	
g	supporting o Since August (i) A perso the gove (ii) A family	rganization, check the table to the table to the table to the construction of the sign of		ny gift or co lone or tog	ontribution ether with	from any	of the follo	owing pen		11g(i) 11g(ii) 11g(iii)	Yes	No
h (i) Name			about the supported or (iii) Type of organization	ganization	(s). organization			(vl) is	on in col l		nount of	
org	anization		(described on lines 1-9 above or IRC section (see instructions))		sted in your document?		non in col r support?	(i) organiz U S Yes	ed in the [sup	port	
Cetal				1								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2005 (d) 2008 (e) 2009 (f) Total **(b)** 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 1903896. 896,152. 637,941. 5728458. include any "unusual grants.") 647,206. 1643263. 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 896,152. 637,941. 647,206. 1903896. 1643263. 4 Total. Add lines 1 through 3 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, 1119526. column (f) 4608932. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 647,206 1643263 1903896. 896,152. 637,941. 5728458. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 76,845 3,572 129. 140,148. 70. 59,532. and income from similar sources 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 10,988. 5,500. 5,488. assets (Explain in Part IV.) 5879594 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 78.39 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 74.65 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 II Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (f) Total **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 5 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, 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 yea c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 20079 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from 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 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) 14 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 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 line 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

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

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, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

GROUT MUSEUM, INC.

Employer identification number 42-1333059

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Im	e 6	
		(a) Donor advised funds	(b) 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 advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or a	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 💲
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III] Organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	· ·	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other sımılar assets for fınanci	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

		USEUM, INC	3. <u> </u>					42-13	<u>33059</u>) Ρε	age 2
Pa	t III Organizations Maintaining C	Collections of	Art, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	on, and other reco	rds, check	any of the	following tha	at are a s	ignificant	use of its	collection	ı item:	s
	(check all that apply):										
а	Public exhibition		d 🔲 1	oan or exc	hange progr	ams					
b	Scholarly research		e 🔲 (Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	ain how th	ey further tl	ne organizati	on's exe	erua tam	ose in Pari	XIV.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran					s" to For	m 990. Pa	art IV. line			
********	reported an amount on Form 990, Pa						555, . 5		.,		
1a	Is the organization an agent, trustee, custod	ian or other interme	ediary for i	contribution	s or other as	sets not	Included				
	on Form 990, Part X?		, , , , , , , , , , , , , , , , , , , ,						Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the	following t	able:							
		and complete the							Amount		
c	Beginning balance						1c		7.11.100111	 -	
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						11				
	Did the organization include an amount on F	orm 990 Part X lin	e 212				1		Yes		No
	If "Yes," explain the arrangement in Part XIV		0211						03		,
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
((a) Current year		nor year	(c) Two yea			ears hack	(e) Four	Vears	hack
1a	Beginning of year balance	107 00110111. 7041	1-1-1-1	10. 700.	19/ 755		1-7	00.00	107,00	700.0	
ь	Contributions		 		***************************************		, , , , , , , , , , , , , , , , , , , 	***************************************	11-11	*****	******
_	Net investment earnings, gains, and losses	···	 				······			**********	
	Grants or scholarships		 		· · · · · · · · · · · · · · · · · · ·		***	**********	********	+	
	Other expenditures for facilities		+				·····				
Ŭ	and programs		1								
f	Administrative expenses		+							***************************************	
	End of year balance		 			*********	****************	***********	**********	*****	
2	Provide the estimated percentage of the year	r end balance held	ac.		t,				L.,. <u></u> .,		
a	Board designated or quasi-endowment	a end balance nelo	as. %								
	Permanent endowment	%	—70								
		% %									
	Are there endowment funds not in the posse	. •	zation tha	t are hold a	nd administr	orad for t	ho organi	zation			
Ja	by:	ssion of the organi	Zation tha	i ale lielu a	no administr	5160 101 1	ile Olyani	Zation	ſ	Yes	No
	(i) unrelated organizations								3a(i)	163	140
	(ii) related organizations								1		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sahad	ula B2					3a(ii) 3b	-	
4	Describe in Part XIV the intended uses of the								<u> 30</u>	1	
Par					Part X, line	10.					
1.5	Description of investment	(a) Cost or		(b) Cost			ccumulate	ad	(d) Bool	- valu	
	Description of investment	basis (inves		basis		1	preciation		(4) 15001	· value	-
1a	Land				<u>, </u>						
	Buildings						************				
•	Leasehold improvements		··-								
d	Equipment					-				-	
	Other							- - -			
	. Add lines 1a through 1e. (Column (d) must e	oual Form 000 Pag	t X colum	n (R) line 1	O(c))	<u> </u>		D			0.
	miss is an organization to the state of	gown villi dav, rai	· AN CORUIT	<u>() , iii (</u>	~1~/-/						<u></u>

Schedule D (Form 990) 2009 GROUT MUSE	UM, INC.		42-1333059 Page 3
Part VII Investments - Other Securities.	ee Form 990, Part X, line 12.	-	
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
Financial derivatives	 		
Closely-held equity interests			
Other			
			
	 		
		<u></u>	
			_
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value		ethod of valuation:
	(b) Book value	Cost or er	nd-of-year market value
			·
			
			<u> </u>
			
	 		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, lin			······································
	e 15.) Description		(b) Book value
BOND FEES	, Description		7,895
DOND PEED			7,093
		· 	··
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)		▶ 7,895.
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u></u>
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	otnote to the organization's fina	ancial statements that re	eports the organization's liability for

	dule D (Form 990) 2009 GROUT MUSEUM, INC.				1333059	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to A	Audited F	inancial State	ement		
1	Total revenue (Form 990, Part Viil, column (A), line 12)		1		638,	070.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		303,	571.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3		334,	499.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8	•	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10			499.
Par	t XII Reconciliation of Revenue per Audited Financial Statement	ts With F	levenue per l	Return	·	
1	Total revenue, gains, and other support per audited financial statements			1	2,634,	<u>,889.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		4 1		
ь	Donated services and use of facilities	2b		_		
C	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV.)	2d 1	,996,819	.		
е	Add lines 2a through 2d .			2e	1,996	<u>,819.</u>
3	Subtract line 2e from line 1			3	638,	<u>,070.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV.)	4b]		
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		,070.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	1,324	<u>,794.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 1		
а	Donated services and use of facilities	2a	 	_		
b	Prior year adjustments	2b		 		
C	Other losses	2c		⊣ ∣		
d	Other (Describe in Part XIV)	2d 1	,021,223	<u>.</u>		
e	Add lines 2a through 2d			2e	1,021 303	<u>,223.</u>
3	Subtract line 2e from line 1			3	303	<u>,571.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		 		
b	Other (Describe in Part XIV.)	4b		-		•
C	Add lines 4a and 4b			4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	303	,571.
Pa	t XIV Supplemental Information					
X, lin Pai	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I a 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete X: THE ORGANIZATION DOES NOT BELIEVE ITS	ete this part FINAN	to provide any ad			4; Part ———
S'1' <i>I</i>	ATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS	S				
Paı	ct XII, Line 2d - Other Adjustments:					
REI	ATED PARTY REVENUES: 1996819.					
		<u> </u>				
	t XIII, Line 2d - Other Adjustments:		<u> </u>			
REI	ATED PARTY EXPENSES: 1021223.					

EXPANSION & OPERATIONS OF Employer identification number PROVIDE FUNDS FOR THE (h) Purpose of grant recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(b) Method of rather (c) IRC section if applicable and address of organization if applicable rash grant or government or government. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any THE MUSEUM Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 278,852 501(c)3 INC 23-7416881 Part 1 General Information on Grants and Assistance cnteria used to award the grants or assistance? GROUT MUSEUM, 1 (a) Name and address of organization Name of the organization WATERLOO, IA 50701 H.W. GROUT TRUST 503 SOUTH STREET Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

% ×

Yes

or assistance

42-1333059

Open to Public

Inspection

OMB No 1545-0047 2009

932101 02-02-10

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 42-1333059 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients GROUT MUSEUM, INC. (a) Type of grant or assistance Schedule | (Form 990) 2009
| Part III | Grants and Oth

932102 02-02-10

SCHEDULE K (Form 990)

2009 Open to Public

OMB No 1545-0047

Employer identification number

(h) On behalf Ŷ of issuer × ဍ Yes Inspection 42-1333059 ш Yes (g) Defeased ŝ × Yes ŝ RENOV (f) Description of purpose Yes 3,000,000.CONSTRUCTION, Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions. TO FINANCE ŝ O Continuations Yes (e) Issue price ŝ 8 m (d) Date Issued 01/19/07 (**J**) Yes O for Column 3,000,000. 3,000,000 2 × 2008 × (c) CUSIP # None Yes × × Schedule 42-6006424 (b) Issuer EIN Were the bonds issued as part of a current refunding issue? Does the organization maintain adequate books and records INC. Were the bonds issued as part of an advance refunding GROUT MUSEUM, See Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows IOWA Working capital expenditures from proceeds to support the final allocation of proceeds? Capital expenditures from proceeds EVANSDALE, Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Private Business Use Other unspent proceeds Total proceeds of issue Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service OF ACITY Issue? Part III Part II Part i 9 ß œ F က 4 6 9 ш N 7 2 8 O ۵

922121 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements with respect to the financed

N

property which may result in private business use?

Schedule K (Form 990) 2009

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Yes

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Yes

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Yes

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Yes

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Yes

Was the organization a partner in a partnership, or a member

of an LLC, which owned property financed by tax-exempt

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As the three any management or service contracts with respect to the value and the contract or service contracts with respect to the value and the contract or service contracts with respect to the value and value and val	al					42-1	42-1333059				Page 2
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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.

2009
Open to Public Inspection

Name of the organization

GROUT MUSEUM, INC.

Employer identification number 42-1333059

Form 990, Part I, Line 1, Description of Organization Mission:
WITH THE BENEFIT OF THE TRUSTEES.
Form 990, Part VI, Section A, line 6: THE TRUSTEES OF THE H.W. GROUT
TRUST ARE THE SOLE MEMBERS OF THE GROUT MUSEUM INC. THE MEMBERS APPROVE
SIGNIFICANT DECISIONS OF THE GOVERNING BODY.
Form 990, Part VI, Section A, line 7a: THE GOVERNING BODY IS APPOINTED BY
THE MEMBERS OF THE H.W. GROUT TRUST.
Form 990, Part VI, Section A, line 7b: THE MEMBERS OF H.W. GROUT TRUST
HAVE THE RIGHT TO APPROVE OR RATIFY DECISIONS OF THE ORGANIZATION'S
GOVERNING BODY.
Form 990, Part VI, Section B, line 11: A DRAFT COPY OF THE FORM 990 WAS
SENT TO THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR FOR REVIEW. A FINAL
COPY OF THE FORM 990 WAS SENT TO ALL BOARD MEMBERS.
Form 990, Part VI, Section B, Line 12c: BOARD & COMMITTEE MEMBERS SIGN A
CONFLICT OF INTEREST STATEMENT ANNUALLY. BOARD MEMBERS REVIEW THE MONTHLY
AGENDA AT THE BEGINNING OF THE MEETING AND STATE WHETHER THEY HAVE ANY
CONFLICTS OF INTEREST. IF CONFLICTS OF INTEREST ARISE, THE BOARD MEMBER
REFRAINS FROM DISCUSSION AND ABSTAINS FROM VOTING.
Form 990, Part VI, Section C, Line 19: ALL DOCUMENTS ARE AVAILABLE UPON
REQUEST

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Employer identification number Name of the organization 42-1333059 GROUT MUSEUM, INC. Schedule K, Part I, Bond Issues: (a) Issuer Name: CITY OF EVANSDALE, IOWA (f) Description of Purpose: TO FINANCE CONSTRUCTION, RENOVATION, AND IMPROVEMENTS OF MUSEUM FACILITIES.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection OMB No 1545-0047

Employer identification number 42-1333059

GROUT MUSEUM, INC.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

ts Direct controlling entity			re related tax-exempt	(f) Direct controlling n entity	N/A		
(e) End-of-year assets			e it had one or mo	(e) Public charity status (if section 501(c)(3))	PF		
(d) Total income			rt IV, line 34 becaus	(d) Exempt Code section	501(c)(3)		
(c) Legal domicile (state or foreign country)			if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	(c) Legal domicile (state or foreign country)	Iowa		
(b) Primary activity			tions (Complete if the organization and	(b) Primary activity	OPERATION OF A MUSEUM IN WATERLOO IOWA	J	
(a) Name, address, and EIN of disregarded entity			part it organization of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	(a) Name, address, and EiN of related organization	H.W. GROUT TRUST - 23-7416881 503 SOUTH STREET WARFRICO IA 50701		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

42-1333059

Page 2

Schedule R (Form 990) 2009 GROUT MUSEUM, INC.

Partill

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Shr income end-	Share of Disend-of-year ate assets Y	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or . managing partner/
				-						
Part IV Identification of Related Orging Part IV organizations treated as a corp	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	oration or year.)	Trust (Complete if 1	the organization	on answered 'Yes	to Form 990, Part	IV, line 34 be	ecause it ha	ad one or more r	elated
(a) Name, address, and EIN of related organization	Z.	مة	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income		(g) Share of Peend-of-year ov assets	(h) Percentage ownership
					:					
										
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			****	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•	1a		×
b Gift, grant, or capital contribution to other organization(s)		9	×	1
c Gift, grant, or capital contribution from other organization(s)		10		X
d Loans or loan guarantees to or for other organization(s)	•	14		×
e Loans or loan guarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		11		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		÷		×
i Lease of facilities, equipment, or other assets to other organization(s)	•	;		×
j Lease of facilities, equipment, or other assets from other organization(s)		1,		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		£		×
n Sharing of paid employees		-		×
o Reimbursement paid to other organization for expenses		10	^	×
p Reimbursement paid by other organization for expenses		10		×
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.			
(a)	(q)	9		
Name of other organization(s)	stion a-r)	Amount involved	olved	
	•		1	١,
(1) H.W. GROUT TRUST	m	2/8	768,	;
(2)				
(3)				1
(5)				1
(9)				1
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42-1333059

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Schedule R (Form 990) 2009 GROUT MUSEUM, INC.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a rotated organization. Occurs to see all strategies and see a contain integration participated in the second seed of the second seed	12 Contain 12 Contain	150 mg	5	[6]	٤	(3)	3
(a)	6)	2	2	<u>(a)</u>	3	69	1
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
or entity		(state or toreign country)	Ves No	year assets	Yes No	of Schedule K-1 (Form 1065)	Yes No
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						Schedule R (Form 990) 2009	n 990) 2009

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpora Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	plete	▶ □
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar Tome tax returns.	exten	sion of time
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Chanties & Nonprofits.	ically if nsolida	(1) you want the additional ated Form 990-T Instead,
Type or	Name of Exempt Organization	Empl	loyer identification number
print	GROUT MUSEUM, INC.	4	2-1333059
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 503 SOUTH STREET		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERLOO, IA 50701		
• The both Teleph • If the coil of this i	m 990	227 069 370	
	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniferbruary 15, 2011, to file the exempt organization return for the organization named a return for the organization return for the organization named a return granization's return for:	above.	The extension Change in accounting period
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	refundable credits. See instructions.	3a	\$
	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated	26	\$
c Bala	payments made. Include any prior year overpayment allowed as a credit. ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Instructions.	3b 3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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Form 8868 (Rev. 1-2011)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check this bo	х		▶ 🗓
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form 8	868.	
 If you are filing for an Automatic 3-Month Extension, compl 					
Part II Additional (Not Automatic) 3-Month I	Extension	n of Time. Only file the original (no or			
Type or Name of exempt organization			Emplo	yer identificati	on number
grout Museum, INC.			42	<u>-1333059</u>)
File by the extended Number, street, and room or suite no. If a P.O. box, due date for 503 SOUTH STREET	see Instruc	tions.			
filing your return. See City, town or post office, state, and ZIP code. For a	foreign add	Iress, see Instructions.			
Instructions WATERLOO, IA 50701					
Enter the Return code for the return that this application is for (fi	ile a separa	te application for each return)		· · . · · ·	01
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01	<u> </u>		N. W.	3000
Form 990-BL	02	Form 1041-A			08
Form 990-EZ 03 Form 4720 Form 990-PF 04 Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					
Form 990-1 (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870					
STOP! Do not complete Part II if you were not already grante			ıchı file	d Form 8868.	12
 The books are in the care of ► 503 SOUTH STRE 			asiy ilic	<u> </u>	
Telephone No. ► 319-234-6357		FAX No. ▶			
If the organization does not have an office or place of business	ss in the Ur				▶ □
If this is for a Group Return, enter the organization's four digit					p, check this
box ▶ ☐ . If it is for part of the group, check this box ▶ ☐		ach a list with the names and EINs of a			
4 I request an additional 3-month extension of time until		15, 2011 .			
5 For calendar year, or other tax year beginning _	JUL 1	, 2009 , and ending	JUN	30, 201	<u>0</u> .
6 If the tax year entered in line 5 is for less than 12 months,			Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
TAXPAYER NEEDS ADDITIONAL TIME			E TH	E INFORM	ATION
NECESSARY TO FILE A COMPLETE	AND A	CCURATE RETURN.			
					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any		•	0.
nonrefundable credits. See Instructions.			8a	\$	<u>_</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069 tax payments made. Include any prior year overpayment a	=		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
previously with Form 8868.	allowed as	a credit and any amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your p	novement ud	th this form if required by using	100	Ψ	
EFTPS (Electronic Federal Tax Payment System). See inst	•	in this form, it required, by using	8c	\$	0.
· · · · · · · · · · · · · · · · · · ·		nd Verification	1 00		
Inder penalties of perjury, I declare that I have examined this form, inclu	dina accomi		he best o	f my knowledge a	nd belief,
is true, correct, and complete and that I am authorized to prepare this	form.			~ 1 .	1
Signature Title T	CPA		Date	<u>> >10</u>	2 111
				Form 886	8 (Rev. 1-2011)