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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 09-01-2009, and ending 08-31-2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization INSPIRATORS INCORPORATED	<b>D</b> Employer identification number 23-7047439
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 30400 SW 35TH	<b>E</b> Telephone number
		City or town, state or country, and ZIP + 4 WILSONVILLE, OR 97070	<b>F</b> Group Exemption Number

**G** Accounting method:  Cash  Accrual  
 Other (specify):

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross 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.

**L** 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. **\$ 356,279**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets			
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	2,335	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	109,978
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	17,585	<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	24,100	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	28,848
<b>4</b>	Investment income	<b>4</b>	556	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	450
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>		<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>		<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	144
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		<b>16</b>	Other expenses (describe)	<b>16</b>	90,527
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>			<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	229,947
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	243,287	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	23,875
<b>b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	102,457	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	152,967
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	140,830	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	176,842
<b>b</b>	Less cost of goods sold	<b>7b</b>					
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>					
<b>8</b>	Other revenue (describe)	<b>8</b>	68,416				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	253,822				

**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	(B) End of year
<b>22</b> Cash, savings, and investments	152,967	<b>22</b> 176,842
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe)		<b>24</b>
<b>25</b> <b>Total assets</b>	152,967	<b>25</b> 176,842
<b>26</b> <b>Total liabilities</b> (describe)		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	152,967	<b>27</b> 176,842

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )	<b>Expenses</b>	
What is the organization's primary exempt purpose? TO PROMOTE A BETTER UNDERSTANDING OF THE MANUFACTURE AND DISPOSITION OF FOOD PRODUCTS AND ALSO TO SUPPORT LEGALLY RECOGNIZED CHARITIES INSPIRATION AND GOOD FELLOWSHIP SINCE 1942	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
<b>28</b> GRANTS TO VARIOUS CHARITABLE ORGANIZATION FOR THE PURPOSE OF PROVIDING ASSISTANCE TO NEEDY (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )



**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 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	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated 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

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please 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: \*\*\*\*\* Date: 2011-07-01

Type or print name and title: RUSS THOMAS PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: ROBERT W BENNETT Date: 2011-07-01 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ROBERT W BENNETT CPA PC, 25375 SW PARKWAY AVE STE 200, WILSONVILLE, OR 970707893

Preparer's identifying number (See instructions): EIN: Phone no: (503) 582-0181

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	240,322			240,322
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	240,322			240,322
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	102,457			102,457
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				102,457
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				137,865	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .			2,965	2,965
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶				2,965

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	No
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	No
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	No
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	No

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility . . . . . **13a**
- b** An outside facility . . . . . **13b**

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ JULIE TOLBOE

Address ▶ 28675 SW SANDALWOOD DRIVE  
WILSONVILLE, OR 97070

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		No
<b>16</b>		
<b>17a</b>		No

## TY 2009 Compensation Explanation

**Name:** INSPIRATORS INCORPORATED

**EIN:** 23-7047439

Person Name	Explanation
RUSS THOMAS	
BOB ADATTO	
PAULA ANCTIL	
KATHLEEN SPARKS	
PATRICK HOPE	

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** INSPIRATORS INCORPORATED

**EIN:** 23-7047439

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	PORTLAND POLICE SUNSHINE DIV PORTLAND POLICE SUNSHINE DIVISION
<b>Donee's Address</b>	687 N THOMPSON 687 N THOMPSON PORTLAND, OR 97227
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	
<b>Donee's Name</b>	JOIN JOIN
<b>Donee's Address</b>	1435 NE 81ST STREET 100 1435 NE 81ST STREET 100 PORTLAND, OR 97213
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	
<b>Donee's Name</b>	PORTLAND STATE UNIVERSITY/FILC PORTLAND STATE UNIVERSITY/FILC
<b>Donee's Address</b>	PO BOX 243 PO BOX 243 PORTLAND, OR 97207
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	4
<b>Class of Activity</b>	
<b>Donee's Name</b>	TRANSITION PROJECTS TRANSITION PROJECTS
<b>Donee's Address</b>	475 NW GLISAN 475 NW GLISAN PORTLAND, OR 97209
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	5
<b>Class of Activity</b>	
<b>Donee's Name</b>	RAPHAEL HOUSE OF PORTLAND RAPHAEL HOUSE OF PORTLAND
<b>Donee's Address</b>	4110 SE HAWTHORNE BLVD 503 4110 SE HAWTHORNE BLVD 503 PORTLAND, OR 97214
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	6
<b>Class of Activity</b>	
<b>Donee's Name</b>	MAKE A WISH OF OREGON MAKE A WISH OF OREGON
<b>Donee's Address</b>	2000 SW 1ST AVENUE 2000 SW 1ST AVENUE PORTLAND, OR 97201
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	






**TY 2009 Other Expenses Schedule****Name:** INSPIRATORS INCORPORATED**EIN:** 23-7047439

Description	Amount
EXPENSES	
TRAVEL	3
CONFERENCES/MEETINGS	18,485
INSURANCE	637
CHRISTMAS PARTY	5,262
CREDIT CARD PROCESSING	2,257
INTERNET SERVICE	735
LICENSE	50
MILEAGE REIMBURSEMENT	645
SUPPLIES AND MATERIALS	1,247
TELEPHONE	521
TRANSFER TO BUYERS PARTY	57,455
CHARITABLE CONTRIBUTIONS	3,230

**TY 2009 Other Revenues Schedule****Name:** INSPIRATORS INCORPORATED**EIN:** 23-7047439

<b>Description</b>	<b>Amount</b>
BUYERS PARTY RECEIPTS	57,455
CHRISTMAS PARTY RECEIPTS	6,150
RAFFLE RECEIPTS	2,960
CHARITY JAR RECEIPTS	1,851

**Additional Data****Software ID:****Software Version:****EIN:** 23-7047439**Name:** INSPIRATORS INCORPORATED**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
RUSS THOMAS  2720 SE 6TH AVENUE 2720 SE 6TH AVENUE PORTLAND, OR 97202	PRESIDENT 0	0		
BOB ADATTO  8592 NE ALDERWOOD ROAD C 8592 NE ALDERWOOD ROAD C PORTLAND, OR 97220	VICE PRESIDE 0	0		
PAULA ANCTIL  10940 SW BARNES 124 10940 SW BARNES 124 PORTLAND, OR 97225	2ND VICE PRE 0	0		
KATHLEEN SPARKS  8539 CROSBY ROAD 8539 CROSBY ROAD WOODBURN, OR 97071	SEC/TREASURE 0	0		
PATRICK HOPE  18990 NE RIVERSIDE PARKWAY 18990 NE RIVERSIDE PARKWAY PORTLAND, OR 97230	SGT AT ARMS 0	0		