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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)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

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	Addr		use IRS label or		oing Business	As										41-1	60	6822		
		e change	print or		lumber and s	treet	(or P O box	x if mail is	not delive	red to str	eet ac	Idress)	T	Room/suite	E	Telepho	ne n	umber		
	-1	il return	type. See	81	.61 NORN	1AN	DALE E	BLVD.							(952)	83	8-9000)	
	_	ninated	Specific		ity or town, s	tate o	or country, a	nd ZIP +	4						Ė	<u> </u>				
H	_	nded	instruc- tions		NNEAPOI	JIS	MN 5	5437							١ _G	Gross re	cein	ts \$	372	,309
-	retur Appl	n ication			and address		•		ΔΙΙΤ. Δ	GOLDE	ER	3			-			up return for	Yes	X
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		of organ			Corporation		Trust	Associa	ation	Other			LY	ear of forma	tion	1900	M	State of leg	jai domicile	M
Рa	rt I		mmary																	
	1	Briefly	descr	ibe th	he organizat	tion'	s mission	or most	significar	nt activiti	es _				:					
e					INFORM					NCE T	0 -	ARENTS	OF	CHIPDE	KEN	AND	. <u>-</u> -	JUNG		
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Governance	2				► if the	_				-							1	S		
ంర	3	Numb	er of v	otıng	members o	of the	e governin	g body (I	Part VI, li	ne 1a)								3		6
es	4	Numb	er of ir	ndepe	endent votin	ıg m	embers of	the gov	erning b	ody (Par	t VI,	line 1b)						4		6
ctivities	5				employees (F													5		0
Act	6	Total	numbe	r of v	volunteers (e	stim	ate if nece	ssary)		• • • •					• •		• •	6		20
-	7a	Total	gross ı	unrela	ated busines	ss re	venue fron	n Part VI	II, colum	n (C), lin	e 12						• •	7a		
																		7b		
_	b Net unrelated business taxable income from Form 990-T, line 34														Prior Ye			Current Y	'ear	
	8	Contr	bution	s and	d grants (Par	rt VII	L line 1h)									42,	. 03			,059
Ę	9	Progr	am car	vice r	revenue (Pai	4 \/	l line 2a)		• • • •		• •	• • • • •	• • •	· · · ⊢		240,				,000
Revenue	_	Invoc	ann sei	2002	revenue (Par	C VII	umn / A \ lu				• •	• • • • •	• • •	• • •		45,				,535
8		Other	unent i	IICOIII	ne (Part VIII	, 001	(A) lman (162 3, 4,	and 70)			• • • • •		• • • ⊢	-5,164.				-34	
	11				art VIII, colu											322				,248
	12				dd lines 8 th											70,				
	13	Grant	s and s	simila	ar amounts p	oaid ((Part IX, co	olumn (A), lines 1	- ³⁾				$\cdots \vdash$		70,			114	,500
	14	Benet	its paid	o of t	or for membe	ers (Part IX, col	lumn (A)	, line 4) _.									0.		(
es	15	Salari	es, oth	er co	ompensation	n, en	nployee be	nefits (Pa	art IX, co	lumn (A), line	es 5-10)						0.		(
ens	16a	Profe	ssional	fund	draising fees	(Pai	t IX, colum	ın (A), lır	ne 11e)									0.		
Expenses	t	Total	fundra	ısıng	expenses, F	Part I	X, column	(D), line	25) ▶ _		11,	922.				•				
ш	17	Other	expen	ses ((Part IX, colu	ımn	(A), lines 1	1a-11d,	11f-24f)							167,				,551
	18	Total	expens	es A	Add lines 13	1-17	(must equa	al Part IX	⟨, columr	n (A), line	e 25)			L		237,			281	,051
	19	Rever	nue les	s exp	penses Sub	tract	tine 18 fro	m line 1	2 [.]				<u> </u>			84,	, 51	16.		-803
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Assets I Balanc	20	Total	assets	(Part	X, line 16)				1.0				C		6	,519,	, 51	16.	6,618	,233
A Ba	21	Total	liabilitie	es (P	art X, line 26	 3)				FE	B. 2	2 2011	! c	기: .		1,	, 39	98.		782
ള	22	Net a	ssets o	or fun	nd balances	Sul	otract line 2	 21 from I	ine 20.	"			ي ا	21:: <u> </u>	6	,518	, 13	18.	6,617	, 451
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		and	belief, it	is tr	ue. correct, a	and o	complete, C	eclaration	n of prep	arer (oth	er th	an officer) is	based	on all info	orma	tion of w	vhich	n preparer	has any kr	owled
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

PAGE 1

) (Revenue \$

Form 990 (2009)

(Expenses \$

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ▶

including grants of \$

260,929.

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	
	complete Schedule A	1	х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 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	<u> </u>		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		 -
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		
J	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		
	complete Schedule D, Part N	9		Х
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	4.0		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		·德分	Operation of the state of the s
	Schedule D, Part VI		3	
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		7	74650 64 6 35
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	9 14. 3 3	- m ²	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	71	. 33	37.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			, *
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	7. 1800 1. 132		
	the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		3 - 75 ,"	
-	complete Schedule D, Parts XI, XII, and XIII.	12	X	14 1888/2015
124	· · · · · · · · · · · · · · · · · · ·			1300
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			激化
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	89 CSF	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	<u> </u>		
		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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Par	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
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 contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete 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)			12
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	.		v
20	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
-	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	• •		
•	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1 c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		·
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		î	<u> </u>
	instructions)	;	Ŷ.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-	1	1
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	1	, 1,	14 14 13 15 15 13
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			, ,
	and Financial Accounts	3,		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	2	1/2	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŽŽ.		وينتا
	and services provided to the payor?	7 a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.,
	required to file Form 8282?	7 c	٠, ١,	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	5	<u> </u>	X
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		- ^
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7 g		
		7h		1
8	required?	1 74	40	The sta
•				
	organization, have excess business holdings at any time during the year?	8		STEATURE TO
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9 a		3744
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	J.		
а	Gross income from members or shareholders	2		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	3.75		国报
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			000

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.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	2		
b	Enter the number of voting members that are independent	2		
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 of officers, directors or trustees, or key employees to a management company or other person?	_3		X
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 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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		
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	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	IVa		
D		10b		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
''	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
114		' '		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	IZa		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.		
	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		17
13	Does the organization have a written whistleblower policy?	13	- 	X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			į
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ال ـ ـ ـ ا
	with a taxable entity during the year?	16a		X
b	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 exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed ▶_MN,			
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 for public inspection. Indicate how you make these available. Check all that apply.	· ··y)	•	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	roct		
13	policy, and financial statements available to the public	ıcsı		
20		. .		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAULA GOLDBERG 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437 952-838-9000	ne 	-	

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average	Posi	tion (chec	C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
DONNA BRUHL										
DIRECTOR	1.00	X						0.	0.	0.
PAULA GOLDBERG								1		
TREASURER	1.00	Х		Χ		:		0.	0.	0.
MARGE GOLDBERG										
DIRECTOR	1.00	Х						0.	0.	0.
JOHN GUTHMANN			П							
PRESIDENT	1.00	Х		X				0.	0.	0.
THOMAS NELSON										
VICE-PRESIDENT	1.00	Х	Ιİ	Х				0.	0	0.
KATHY GRAVES										
SECRETARY	1.00	Х		Х				0.	0.	0.
										_
								,		
									-	

Part VII Section A. Officers, Directors, Tru	stees, Ke	y En	plo	oye	es,	and l	Hig	hest Compensat	ed Emplo	yees (c	ontinued)
· (A)	(B)	ł		•	C)			(D)	(E)			F)
Name and title	Average hours per week	हैं Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Report compens from re organiza (W-2/1099	sation lated ations	amou oth compe from organi and re	
						e <u>a</u>						
										_		
			_									
		 						1				
				!								
						-						
1b Total			<u></u>	٠			>	0.		0.		0
2 Total number of individuals (including but not I reportable compensation from the organization				d al	bove	e) who	o re	eceived more than	\$100,000 ı	n		
												es No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul	er, directoule Jernald for the director of the	or or chind	tru <i>ıvid</i> ı	iste ual	e, k 	кеу є 	emp	oloyee, or highest	compens	sated	3	X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	tabl	e c	om	oensa	atior	n and other comp	pensation	from		
ındıvıdual											4	X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accri	ue co Sched	omp ule .	ens I foi	atio	n fro	om rson	any unrelated o	rganization	for	5	z K
Section B. Independent Contractors										· · · ·		
 Complete this table for your five highest of compensation from the organization. 	compensat	ed in	dep	enc	ient	cont	rac	tors that received	d more th	an \$10	0,000 о	f
(A) Name and business addr	ess					_		(B) Description of ser	vices	C	(C)	ion
							1				poriod(
							-		_			
O Tatal number of radius 1	-1						<u></u>					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite		thos	e li	isted above) who	received			* * **

ırt	VIII Statement of Revenue		<u></u>	41-1606822		
•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a					
l	b Membership dues 1b					
	c Fundraising events 1c	7,059				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants,					
	and similar amounts not included above . 1f		•			* `
	g Noncash contributions included in lines 1a-1f \$		d-b-more			, .
	h Total. Add lines 1a-1f	>	7,059			4.
	Busine	ess Code	* '			
	2a RENTAL INCOME 53112	20	240,000	240,000		
	b					
	c					
	d					
	e					
	f All other program service revenue					
┸	g Total. Add lines 2a-2f	<u> ►</u>	240,000	«		
	Investment income (including dividends, interest, and					
	other similar amounts)	▶	34,690			34,690
	Income from investment of tax-exempt bond proceeds	▶	0		_	
	Royalties · · · · · · · · · · · · · · · · · · ·		0			
	(ı) Real (ıı) P	ersonal			2 2	
	Ga Gross Rents				North War ?	***
	b Less rental expenses		· · · · · · · · · · · · · · · · · · ·			tale as well
1	c Rental income or (loss)					
	d Net rental income or (loss)		0.			
1	7a Gross amount from sales of (i) Securities (ii)	Other		K 20° 5	. 3 × 30 90	10000000000000000000000000000000000000
	assets other than inventory 90,000.					* ; 🗘
	b Less cost or other basis		· ·			
	and sales expenses 91,155		*			
	c Gain or (loss)			1 3x 10 3x4	/ (
	d Net gain or (loss)	<u></u> ▶	-1,155			-1,155
	Ba Gross income from fundraising					
	events (not including \$7,059				, , , , , , , , , , , , , , , , , , ,	
	of contributions reported on line 1c)		咖啡放棄			
	See Part IV, line 18 a	560	An about the contract	Car atte	, şî,	
	b Less direct expenses b	906	, , , , , , , , , , , , , , , , , , ,	<u> </u>	4	
	c Net income or (loss) from fundraising events	.	-346			-346
	9a Gross income from gaming activities			新水 : >		
	See Part IV, line 19 a		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · · ·	,	8 5
	b Less direct expenses b		* 4			
	c Net income or (loss) from gaming activities	.	0.			
1	Da Gross sales of inventory, less		1 8.6 \$ \$, , , ,
	returns and allowances a		*,`.			
	b Less cost of goods sold b					
L	c Net income or (loss) from sales of inventory	-	0.			
		ss Code				
1	la					
1.	b	•				
	c					
}	d All other revenue	-				
	e Total. Add lines 11a-11d		0.			7
1			280,248.	240,000	-	33,189.
1 - '					i	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
-	organizations in the U.S. See Part IV, line 21	114,500.	114,500.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.	:		
4	Benefits paid to or for members	0.		==,	
5	Compensation of current officers, directors,		····		
•	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)	0.			
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	<u> </u>			·
11	Fees for services (non-employees)	8,500.		4,175.	4,325
	Management	0,300.		4,175.	4,325
b	Legal			4 000	
	Accounting	4,000.		4,000.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	43,829.	43,829.		
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	100,008.	100,008.		
23	Insurance	2,438.	2,438.		
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)				
•	BAD DEBT EXPENSE	7,597.			7,597
	MISCELLANEOUS	179.	154.	25.	., 551
					 .
2					
a					
e	All of	_			
	All other expenses	281,051.	260,929.	8,200.	11 000
	Total functional expenses. Add lines 1 through 24f	201,031.	200,929.	0,200.	11,922
26	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
JSA 052 1	fundraising solicitation				Form 990 (2009

Form 990		41-1606822		Page 11
Part X	Balance Sheet		,	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	449,497.	1	516,884
2	Savings and temporary cash investments	696,193.	2	715,377
3	Pledges and grants receivable, net	7,597.	1 - 1 .	0
4	Accounts receivable, net		4	12,215
5	Receivables from current and former officers, directors, trustees, key			
1	employees, and highest compensated employees Complete Part II 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		1	
"	Part II of Schedule L		6	
Assets 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	2,050.	9	4,290.
10	Prepaid expenses and deferred charges	<u>, </u>		
	other basis Complete Part VI of Schedule D		· .	,
	b Less accumulated depreciation	4,181,119.		4,081,111.
11	Investments - publicly traded securities		11	1,288,356.
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			6,618,233.
17	Accounts payable and accrued expenses		17	782.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္မ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 52	Payables to current and former officers, directors, trustees, key	l		
g	employees, highest compensated employees, and disqualified	,	- <u>-</u> -	
-1	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	1 200	25	700
26	Total liabilities. Add lines 17 through 25	1,398.	26	782.
Fund Balances 22 26 67	Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
[27	Unrestricted net assets	6,518,118.	27	6,617,451.
E 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
or Fu	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
30 يا 13 ع	Capital stock or trust principal, or current funds		30	
Assets 31 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33 33	Total net assets or fund balances			6,617,451.
34	Total liabilities and net assets/fund balances	6,519,516.	34	6,618,233.

Form **990** (2009)

Pa	TEXT Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2 c		Х
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3 a		Х
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	3 b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF PACER

Employer identification number

41-1606822

Part I	Reason fo	or Public Chari	ity Status (All organ	ızatıons m	ust comp	lete this	part.) Se	e instruc	ctions.	
The orga	nization is no	ot a private found	dation because it is (F	or lines 1 t	through 11,	check or	nly one bo	x)		
1	A church, co	onvention of chu	rches, or association of	of churches	s described	ın sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3			hospital service organ			ction 170	(b)(1)(A)	(iii).		
4			zation operated in co						170(b)(1)	(A)(iii). Enter the
		ame, city, and sta	•	•					, ,	,
5	-	•	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	oy a gove	ernmental	unit described in
	_	(b)(1)(A)(iv). (Co		J	,		•	, , ,		
6			vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7 X		_	Ily receives a substan						or from t	he general public
	•		(1)(A)(vi). (Complete F		+- 		9			g p
8			d in section 170(b)(1)(•	molete Par	t II)				
9		-	lly receives (1) more		-		m contrib	outions n	nemhersh	in fees, and gross
- Ш			ted to its exempt fun							
			ment income and uni		=		•	٠,		
		-	after June 30, 1975				•			
10	· · · · · ·	-	ind operated exclusive					•		
11	•	-	and operated exclusi	-	•	•				to carry out the
			ublicly supported orga							
			at describes the type o					-		
	a Typ	_			e III - Fund					pe III - Other
е		_	ertify that the organiz				-			•
	-	_	ion managers and oth				-			•
		section 509(a)(-			. ,		• •		
f			, I a written determina	tion from t	the IRS tha	at it is a	Type I, T	vpe II. o	r Type III	supporting
		n, check this box						,,	,,,	
g	•		the organization acce					the		
Ū	following pe		· ·	. , ,			•			
			or indirectly controls	, either ald	one or tog	ether wit	h person	s descrit	ped in (ii)	Yes No
			erning body of the supp		_		·		, ,	11g(ı)
			erson described in (i) a							11g(ii)
			of a person described							11g(iii)
h		-	ation about the suppo		•					
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did y	ou notify	(vi) !	s the	(vii) Amount of
orga	inization		(described on lines 1-9 above or IRC section		sted in your		nization in		tion in col	support
			(see instructions))	governing	document?		of your port?		zed in the	
				Yes	No	Yes	No	Yes	No	
				,]					
	_									
Total]	ļ					

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

Schedule A (Form 990 or 990-EZ) 2009

Part II	, Support	Schedule	for Organi	zations	Described	in Se	ctions	170(b)(1)(A)(iv)	and	170(b)(1)(A)	(vi)
					on line 5, 7						

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	2006	6/1/07 to 9/30/0	7 (c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,780	1,000	42,074	42,039	7,059	130,952
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	38,780	1,000	42,074	42,039	7,059	130,952
5	The portion of total contributions by each		eritan, on			·	
	person (other than a governmental unit or			, ,	,, ,	5 5 5	
	publicly supported organization) included	r i		·	ہے۔ وساطنے م	1 m	
	on line 1 that exceeds 2% of the amount		11	,	1. 134	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	shown on line 11, column (f)		To little and the second	£	3 37 34	The second second	22,146
6	Public support. Subtract line 5 from line 4		は神野神でない。		1. 3r X		108,806.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	38,780.	1,000.	42,074.	42,039	7,059	130,952.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,642.	9,938.	56,843	40,510.	34,690.	166,623.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	***	7 8927 44 5				
11	Total support. Add lines 7 through 10		没得 的。201		1. m. 1 2.		297,575.
12	Gross receipts from related activities, etc. (s	•				12	1,040,000.
13	First five years. If the Form 990 is f organization, check this box and stop here			id, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (li	•	•			14	36.56%
15	Public support percentage from 2008					15	35.88%
16a	331/3% support test - 2009. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2008. If the o						1 1
	check this box and stop here. The orga			· · · · · · · · · · · · · · · · · · ·			
17a	10%-facts-and-circumstances test - 2	_				· · · · · · · · · · · · · · · · · · ·	
	or more, and if the organization me Part IV how the organization meets t					•	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2	2008. If the org	janization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization						publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization						
	instructions	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
					s	chedule A (Form 99	90 or 990-EZ) 2009

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(5) 2000	(6) 2007	(4) 2000	(0) 2003	(i) rotai
•	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						
3	Gross receipts from activities that are not an						
,							
4	unrelated trade or business under section 513 . Tax revenues levied for the organization's		-			 	
•	benefit and either paid to or expended on						
	·						
5	tts behalf						
,	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
			-				
, a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						-
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from	<u> </u>					
•	line 6)						
Sec	tion B. Total Support		<u> </u>	l		<u> </u>	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	-					
	Gross income from interest, dividends,						*
	payments received on securities loans, rents, royalties and income from similar					ł	
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	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					1	
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	-			•		· · · · —
	organization, check this box and stop here.			. <u></u>	· · · · · · · · ·	<u></u>	▶ │ │
	tion C. Computation of Public Supp						
15	Public support percentage for 2009 (line 8,					15	<u> </u>
16	Public support percentage from 2008 Sched			· · · · · · · · ·	• • • • • • • •	16	
	tion D. Computation of Investmen			10 -1 (*)	*	1-1	
17	Investment income percentage for 2009 (lin					17	
18	Investment income percentage from 2008 S					18	
туа	33 1/3% support tests - 2009. If the org						
L	17 is not more than 33 1/3%, check the						
D	33 1/3% support tests - 2008. If the orga						
20	line 18 is not more than 331/3%, check					• • •	
20 SA	Private foundation. If the organization d	iu not check	a DOX ON line	14, 19a, or 19b	, cneck this bo	x and see ins	tructions >

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FR]	ENDS OF PACER		41-1606822
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to For	ised Funds or Other Similar Funds or rm 990, Part IV, line 6.	Accounts. Complete if
		(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 a	dylears in writing that the assats hold in do	ener advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
•	used only for charitable purposes and not for the b		
	purpose conferring impermissible private benefit?		
Pal	t II Conservation Easements. Complete if	the organization answered "Ves" to Ed	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the		om 990, Fartiv, line 7.
•		·	f an books and the second of the b
	Preservation of land for public use (e.g., recre	· · · · · · · · · · · · · · · · · · ·	f an historically important land area
		Preservation o	f a certified historic structure
2	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year	1	Held at the End of the Year
	Total analysis of assessment as a second		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran	sterred, released, extinguished, or termina	ated by the organization during
	the tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	ispecting, and enforcing conservation ease	ements during the year
-	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemen	its during the year
_	\$		
8	Does each conservation easement reported on line		
_	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		al statements that describes
Da	the organization's accounting for conservation ease		Charles Assault
Par	Organizations Maintaining Collections Complete if the organization answered	"Ves" to Form 990, Part IV, line 8	Similar Assets.
_			
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets hel	FAS 116, not to report in its revenue sta	atement and balance sheet works of
	provide, in Part XIV, the text of the footnote to its fir	nancial statements that describes these ite	ms.
b	If the organization elected, as permitted under S		
	historical treasures, or other similar assets held	for public exhibition, education, or resea	irch in furtherance of public service,
	provide the following amounts relating to these iter		·
	(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 ar	rt, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1 .	• • • • • • • • • • • • • • • • • • • •	> \$
b	Assets included in Form 990, Part X		

Pa	Urganizations Maintain	ing Colle	ections (of Art, Histo	orical	Treasures	s, or	Other Similar /	Assets (c	ontinue	d)
3	·Using the organization's acquisition	n. access	ion, and	other records	s. ched	ck anv of th	e foll	owing that are a	significan	t use of it	s
	collection items (check all that app		,		o, o			ormig mar are a	o.g.m.oan	. 000 01 11	
а	Public exhibition	,,		d [7	Loan or exc	chanc	ge programs			
b	Scholarly research			e		Other	5,,0,1,5	go programo			
c	Preservation for future ge	enerations	2								
4	Provide a description of the organi			and avalage	how t	hov further	the e	raanization's ev	omnt nurr	ACC ID	
7	Part XIV	Zation 3 C	Olections	s and explain	i iiow t	ney runther	uie c	nganization s ex	empt purt)03 6 III	
5	During the year, did the organization	on colicit	or rocow	o donations	of art	historical tr	.00011	roc or other cimi	lar		
3	assets to be sold to raise funds rat										
Ba	t IV Escrow and Custodial A						_			Yes	No
ı a	IV, line 9, or reported ar						alist	wered res to	roilli 99	U, Fait	
1a	Is the organization an agent, truste	e custod	lian or oth	her intermed	iary fo	r contributio	ne n	r other assets no	nt.		
	included on Form 990, Part X?									Yes	No
h	If "Yes," explain the arrangement in								· · · · L	163	
~	" roo, explain the arrangement "	ii ait Xiv	and con	rpiete the for	iowing	(able		Δ	mount		
c	Beginning balance					-	1 c		inount		
q	Additions during the year					L					
	Distributions during the year					L					
f	Ending balance					L					
22	Did the organization include an am					L					1 1
	If "Yes," explain the arrangement in			, rait A, iiile	211		• •		L	Yes	∐ No
Par				otion on our	II'	Vaall ta Ca	0	00 Dad IV III-	. 10		
Pa	t V Endowment Funds. Con		organiz ent Year	(b) Prior ye						(-) F	
1a	Beginning of year balance	(a) Curi	ent rear	(b) Prior ye	ear	(c) Two yea	ars bac	k (d) Three ye	ars back	(e) Four y	ears back
h	Contributions	-	· · · · · · · · · · · · · · · · · · ·	-							
D											
C	Net investment earnings, gains, and losses					*	, :	* \ . j	ł	3	
d	Grants or scholarships										
е	Other expenditures for facilities .					X,		** ;	İ		
£	and programs					<u> </u>					
	Administrative expenses					·**.					
g	End of year balance			<u> </u>		45					
2	Provide the estimated percentage	-	ar end ba		i						
а	Board designated or quasi-endown	-		%							
þ	Permanent endowment >	%									
	Term endowment ▶	%									
за	Are there endowment funds not in	the poss	ession of	the organiza	ation th	nat are held	and	administered for	the	_	
	organization by										es No
	(i) unrelated organizations							· • • • • • • • • • • • • • • • • • • •		3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related org			•						3 b	
4	Describe in Part XIV the intended u										
Par	t VI Investments - Land, Buil	dings, a	nd Equi	pment. See	Forn	n 990, Par	t X, I	ine 10.			
	Description of investment	!	, , ,	or other basis restment)		Cost or other pasis (other)		(c) Accumulated depreciation	(d) Book valu	e
1 a	Land					1,300,00	001			1,300	0,000.
b	Buildings				- :	3,729,47	73	950,072		2,77	9,401.
С	Leasehold improvements		_		Ì			-			
đ	Equipment					348,41	6	346,706	•		1,710.
е	Other				1		\neg				
Tota	I. Add lines 1a through 1e. (Column		equal Fo	rm 990. Part	X, colu	umn (B). line	9 10(c	c).) >		4,083	1,111.
	<u> </u>	· · · · · ·				1-77	- '	,,			

Part VII	Investments - Other Securities. Sec	e Form 990, Part X, I	ine 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	aluation market value
Financial d	lerivatives			
Closely-he	ld equity interests	· ·		
Other				
				
		· -		· · · · · · · · · · · · · · · · · · ·
				
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•		
	Investments - Program Related. Se		Ine 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
	, , , , , , , , , , , , , , , , , , , ,	(4) 44000 14000	Cost or end-of-year r	
				-
		-		
otal (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	922	<u> </u>
Part IX	Other Assets. See Form 990, Part >	·	**	
urt ix	Other Assets. Occ 1 offi 550, 1 art /	(a) Description		(b) Book value
		(a) Decemption		(b) Book value

		, , , , , , , , , , , , , , , , , , ,		***************************************
				-

	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	<u> </u>
Part X	Other Liabilities. See Form 990, Par		NY as abdomate.	100 Av / 100
•	(a) Description of liability	(b) Amount		
ederal inc	ome taxes			
		_		
			-	
otal. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	+ , *	
. ,	1 , 12 , 20 , 20 ,	- 1		, 5

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	280,248
2 •	Total expenses (Form 990, Part IX, column (A), line 25)	2	281,051
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-803
4	Net unrealized gains (losses) on investments	4	100,136
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	100,136
10		10	99,333
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	T	1 380,384
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	6.	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		2e 100,136
3	Subtract line 2e from line 1	. [280,248
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	. 🗠	1c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 280,248
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	<u>eturr</u>	
1	Total expenses and losses per audited financial statements		1 281,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
đ	Other (Describe in Part XIV.)	<u> </u>	
е	Add lines 2a through 2d	. —	?e
3	Subtract line 2e from line 1	· _	281,051
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. —	lc
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	<u>. L</u>	5 281,051
Part	XIV Supplemental Information		
and 2	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa p; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als		
this pa	art to provide any additional information.		
CEE	DACE 5		
255	PAGE 5		
		·	
		· -	
		. – – –	

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

ON OCTOBER 1, 2009, THE ORGANIZATION ADOPTED THE NEW ACCOUNTING GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION REVIEWS AND ASSESSES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN TAX RETURNS. BASED ON THIS ASSESSMENT THE ORGANIZATION DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT THE POSITION WOULD BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE ORGANIZATION'S ASSESSMENT HAS NOT IDENTIFIED ANY SIGNIFICANT POSITIONS THAT IT BELIEVES WOULD NOT BE SUSTAINED UNDER EXAMINATION.

SCHEDULE I (Form 990)

ne United States Organizations,

OMB No 1545-0047

990, Part IV, line 21 or 22.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Open to Public Inspection Employer identification number

41-1606822

×

(Form 990)	Grants and Other Assistance to (
(000 1110 1)	Governments, and Individuals in the
Department of the Treasury	Complete if the organization answered "Yes" to Form
Internal Revenue Service	► Attach to Form 990.
Name of the organization	
FRIENDS OF PACER	ER
Part I General In	Part I General Information on Grants and Assistance
1 Does the organiza	1 Does the organization maintain records to substantiate the amount of the grants or assistance, '

the selection criteria used to award the grants or assistance?	grants or assistal ocedures for m	nce? onitoring the us	se of grant funds in th	e United States			X Yes No
Part II 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	to Governmer any recipient	nts and Organ that received	and Organizations in the United States. Complete if the organization answered "Yes" to it received more than \$5,000. Check this box if no one recipient received more than \$5,00	ited States. Comp.). Check this box if	olete if the organization one recipient re	ation answered "Ye	s" to \$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional	990) if addition	- 1	space is needed				▲
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACER CENTER, INC. 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	114,500				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	and governmen	t organizations					
=	Act Notice, see	the Instruction	ns for Form 990.			Sche	Schedule I (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009			41-1606822			Page 2
Part Ⅲ	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in th 990) if additio	in the United States. ditional space is need	. Complete if the ded.	Complete if the organization answered "Yes" ed.	"Yes" on Form 990, Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
		<u> </u>					
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line	te this part to	provide the info	ormation required	12	and any other additional information	
PART I,	LINE 2	 	 	 			
THE ORG	ANIZATION'S EXEMPT PURPOSE	INCLUDES	MAKING DISTR	DISTRIBUTIONS TO			
501 (C) (IONS, CONSISTEN		THE MISSION OF	S L	PARENTS		
OF CHIL	CHILDREN AND YOUNG ADULTS WITH SPECIAL NEEDS	I.		WHEN FUNDS ARE			; 1 1 1
DETERMI	DETERMINED TO BE AVAILABLE FOR PROGRAM SUPPORT,	GRAM SUPPO	THE	ORGANIZATION'S			
TREASUE	TREASURER REVIEWS THE FINANCIAL STATEMENTS AND	ATEMENTS A	ACTIV	ES_OF_GRANTEES	어! 어!		
(SUCH P	(SUCH AS PACER CENTER) AND THE SPECIFIC	CIFIC FUNDED	PROJECT	ACTIVITIES T	TO		
DETERMI	DETERMINE NEED, AND BOARD APPROVES.		 				
							! ! ! !

PAGE 23

SCHEDULE O (Form 990)

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.

OMB No 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF PACER

Employer identification number

41-1606822

ATTACHMENT 1

PART VI, LINE 11

A DRAFT 990 AND ATTACHMENTS IS/ARE REVIEWED BY THE BOARD. THE FINAL 990, WITH ANY REVISIONS, IS REVIEWED BY THE TREASURER PRIOR TO SIGNING. FINAL 990 IS EMAILED TO ALL BOARD MEMBERS, PRIOR TO SUBMISSION.

PART VI, LINE 19

THE ARTICLES OF INCORPORATION, BYLAWS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.