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916 12/29**9** Form

Department of the Treasury

## **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)

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

OMB No 1545-0047 2009 Open to Public

	10/01/00	^		
	lendar year, or tax year beginning $10/01/09$ , and ending $09/30/10$	)	-	
B Check if applicable	Please C Name of organization PETAL PUBLIC IMPROVEMENT		D Employ	er identification number
Address change	label or CORPORATION		<b>50</b>	2100207
Name change	print or Doing Business As			2108327
Initial return	type. Number and street (or P O box if mail is not delivered to street address)  See 110 WETCHTH AVENUE	Room/suite	E Telepho	
Termination	Specific   TIS W EIGHTH AVENUE			<u>-584-7610</u>
	Instruc- City or town, state or country, and ZIP + 4		G Gross receip	ts \$ 24,290
Amended return	tions PETAL MS 39465			
Application pending	F Name and address of principal officer			group return for
			affiliates <b>H(b)</b> Are all a	ffiliates 🖂 🖂
			included	
	s X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		it No,	attach a list (see instructions)
I Tax-exempt state	s  X  501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527	<del></del>	H(a) Comma	
		Your of formation		xemption number
K Type of organization  Part I S	X Corporation   Trust   Association   Other ▶   L Y	ear of formation		State of legal domicile
	escribe the organization's mission or most significant activities	<del></del>		<del></del> -
1	PETAL PUBLIC IMPROVEMENT CORPORATION IS A NOT-FOR-			
DPO	TIT ENTITY THAT PROVIDES RESOURCES FOR PUBLIC IMPROVE	EMENTS FOR	מטיד כ	
E CIT	ZENS OF THE CITY OF PETAL.	EMENIS FOI	· 111L	
6 2 Check tl		of its not assets		
3 Number	of voting members of the governing body (Part VI, line 1a)	or its riet assets	3	
9 4 Number	of independent voting members of the governing body (Part VI, line 1a)		4	
- <u>-</u>	nber of employees (Part V, line 2a)		5	
6 Total nu	mber of volunteers (estimate if necessary)		6	·· <del>-</del> ·
▼ 7a Total or	ss unrelated business revenue from Part VIII, column (c), line-12		7a	<del> </del>
b Netunr	lated business taxable income from Form 990-T, time 34-C-TVCL)		7b	C
		Prior Yea		Current Year
8 Contribu	tions and grants (Part VIII, line 1h)			
9 Program	service revenue (Part VIII, line 2g)			24,290
	ent income (Part VIII, column (A), lines 3, 4, and 7d)			
11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c.9c. 10c and 11e)			
12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			24,290
13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			
14 Benefits	paid to or for members (Part IX, column (A), line 4)	<u> </u>		·
āi	other compensation, employee benefits (Part IX, column (A), lines 5–10)			
16a Professi	onal fundraising fees (Part IX, column (A), line 11e)			
<u>- X</u> I	draising expenses (Part IX, column (D), line 25) ▶			
≨ In Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)			
18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			24 200
J 19 Revenu	eless expenses Subtract line 18 from line 12			24,290
5.8		Beginning of Cur	rent Year	End of Year
Toge 20 Total as		Beginning of Cur	rent Year	End of Year 24, 290
ー See 20 Total as	sets (Part X, line 16)	Beginning of Cur	rent Year	
Total lia	sets (Part X, line 16) polities (Part X, line 26)	Beginning of Cur	rent Year	24,290
20 Total las 21 Total las 22 Net ass	sets (Part X, line 16) pilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20	Beginning of Cur		24,290
20 Total as 21 Total lia 22 Net assi 21 Santil S	sets (Part X, line 16)  pilities (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of penury, I declare that I have examined this return, including accompanying schedules an	d statements, and	0 to the best of	24,290 24,290
20 Total as 21 Total lia 22 Net ass	sets (Part X, line 16) pilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20	d statements, and	0 to the best of	24,290 24,290 my knowledge
20 Total as 21 Total la 22 Net assi  Part II S	sets (Part X, line 16)  pilities (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of penury, I declare that I have examined this return, including accompanying schedules an	d statements, and	0 to the best of	24,290 24,290
20 Total as 21 Total lia 22 Net assi 21 Santil S	sets (Part X, line 16)  pilities (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of penury, I declare that I have examined this return, including accompanying schedules an	d statements, and	0 to the best of	24,290 24,290
20 Total as 21 Total lia 22 Net assi Part II S	sets (Part X, line 16)  politities (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	d statements, and	to the best of parer has any	24,290 24,290 my knowledge
20 Total as 21 Total lia 22 Net assi Part II S	sets (Part X, line 16)  bilities (Part X, line 26)  bits or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer	d statements, and	to the best of parer has any	24,290 24,290 my knowledge knowledge
20 Total as 21 Total la 22 Net assortium Part II S Sign Here	sets (Part X, line 16)  politities (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer  Hal Marx - Mayor  Type or print name and title	d statements, and lation of which pre	to the best of parer has any	24,290  24,290  my knowledge knowledge  /8-//
20 Total as 21 Total la 22 Net assure Part II S Sign Here	sets (Part X, line 16)  politices (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of penjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer  Halmarx - Mayor  Type or print name and title	d statements, and lation of which pre	to the best of parer has any Date	24,290  24,290  my knowledge knowledge  /8-//  Preparer's identifying number (see instructions) 427-17-6975
20 Total as 21 Total la 22 Net assign Here  Paid Preparer's	sets (Part X, line 16)  politices (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of penjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer  Type or print name and title  paparer's instruction of PA PLI.C	d statements, and lation of which pre	to the best of parer has any Date	24,290  24,290  my knowledge knowledge  /8-//  Preparer's identifying number (see instructions) 427-17-6975
Part Sign Here  Paid Preparer's Use Only  Possulation 20 Total as 21 Total lia 22 Net assulation 22 Ne	sets (Part X, line 16)  politices (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and disclined belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer  Type or print name and title  parer's inature  Date  12/25	d statements, and lation of which pre	to the best of parer has any Date	24,290  24,290  my knowledge knowledge  /8-//  Preparer's identifying number (see instructions)  427-17-6975  43-2084825
Part II S Sign Here Paid Preparer's Use Only Fig.	sets (Part X, line 16)  politices (Part X, line 26)  ets or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer  Type or print name and title  paparer's instruction of preparer (other than officer)  Date  12/25  The CPA PLLC	d statements, and lation of which pre	to the best of parer has any Date	24,290  24,290  my knowledge knowledge  /8-//  Preparer's identifying number (see instructions) 427-17-6975 43-2084825
Part Sign Here  Paid Preparer's Use Only  Page 20 Total as 21 Total la 22 Net assign Part Sign Figure 20 Total as 21 Total la 22 Net assign Part Sign Figure 20 Total as 21 Total la 22 Net assign Figure 20 Total as 21 Total la 22 Net assign Figure 20 Total as 24 Total la 25 Total la 26 Total la 27 Total la 28 Total la 29 Total la 20 Total as 20 Total as 21 Total la 22 Net assign Figure 20 Total as 21 Total la 22 Net assign Figure 20 Total as 24 Total la 25 Total la 26 Total la 27 Total la 28 Total la 29 Total la 20 Total la 21 Total la 21 Total la 22 Net assign Figure 20 Total as 21 Total la 22 Net assign Figure 20 Total as 21 Total la 22 Net assign Figure 20 Total la 22 Net assign Figure 20 Total as 24 Total la 25 Total la 26 Total la 27 Total la 27 Total la 28 Total la 29 Total la 29 Total la 20 Total la 21 Total la 21 Total la 22 Net assign Figure 20 Total la 25 Total la 26 Total la 27 Total la 27 Total la 28 Total la 29 Total la 20 Total la 21 Total la 21 Total la 22 Net assign Figure 20 Total la 22 Net assign Figure 20 Total la 22 Net assign Figure 20 Total la 21 Total la 22 Net assign Figure 20 Total la 22 Net assign Figure 20 Total la 25 Total la 26 Total la 27 Total la 27 Total la 28 Total la	sets (Part X, line 16)  oblitices (Part X, line 26)  ots or fund balances Subtract line 21 from line 20  ignature Block  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all inform  Signature of officer  Type or print name and title  paparer's inature  Type or print name and title  Po Box 1182	d statements, and lation of which pre	to the best of parer has any Date	24,290  24,290  my knowledge knowledge  /8-//  Preparer's identifying number (see instructions)  427-17-6975  43-2084825

Pá	art III State	ment of Program	Service Accomp	lishments			
E	THE PETAL PROFIT END		OVEMENT COR	RPORATION IS DURCES FOR P	A NOT-FOR- UBLIC IMPROV	JEMENTS FOR	THE
3	the prior Form 99 If "Yes," describe Did the organizati services? If "Yes," describe Describe the exer Section 501(c)(3)	0 or 990-EZ? these new services on on cease conducting, of these changes on Schempt purpose achievement 501(c)(4) organiza	Schedule O r make significant char edule O ents for each of the org tions and section 4947 and revenue, if any, fo		any program  program services by exid to report the amount of		Yes X No
70	,	, (E.P. 1000 W		grand or w		, (	
4b	(Code	) (Expenses \$	ļ	ncluding grants of \$		) (Revenue \$	)
4c	(Code	) (Expenses \$		ncluding grants of \$		) (Revenue \$	)
	(Expenses \$	ervices (Describe in Sci	nedule O ) including grants of	\$	) (Revenue \$		)
<u>4e</u>	Total program s	ervice expenses >			<del></del>		Form <b>990</b> (2009)

#### **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A X is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х Schedule C. Part II. 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," Х complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Χ 8 complete Schedule D, Part III 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," Χ complete Schedule D. Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or Χ quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, Χ 11 VII, VIII, IX, or X as applicable • 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 related 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12 Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No Х If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ business, and program service activities outside the United States? If "Yes," complete Schedule F. Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization 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 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Χ on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 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? 19 If "Yes," complete Schedule G, Part III

20

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

P:	art IV Checklist of Required Schedules (continued)			
		1	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 17 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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	Į		
	24b through 24d and complete Schedule K If "No," go to line 25	24a	$\vdash$	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		
25a	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	ļI	<u>X</u>
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	<u> </u>	<u>X</u>
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b				.,
	Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	İ		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	$\vdash$	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			17
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	,,		v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		Х
	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	۱ ,,		Х
	Schedule R, Part V, line 2	35	$\vdash$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		Х
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
20	Part VI	31	$\vdash$	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and 192 Note. All Form 990 filers are required to complete Schedule O.	38	į į	Х
	197 NOTE: AU COUR 990 BIELS ALE LECOREO D CHOOLEE ACREONIE C	1 30		

Form	990 (2009) PETAL PUBLIC IMPROVEMENT 58-2108	327		Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
			E	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				ĺ
	U.S. Information Returns Enter -0- if not applicable	1a	-		İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	-		Ė
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able	1c	1	Х
2a	gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	10		<del>^</del>
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a			Ė
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	ı			É
	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		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k			į
	and Financial Accounts				Ė
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		<u>X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng			
	Prohibited Tax Shelter Transaction?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or	١.,		ĺ
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	<b>1</b>			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is	7a	•	ĺ
<b>h</b>	and services provided to the payor?  If "Yes" did the green return patric the dense of the value of the goods or convices provided?		7b		<b></b>
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
·	required to file Form 8282?		7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person		1		ĺ
·	benefit contract?		7e	<u>י</u>	ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8	ļ	
9	Sponsoring organizations maintaining donor advised funds.				ŧ
а	Did the organization make any taxable distributions under section 4966?		9a	<b> </b> -	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	! <b>!</b>			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-{		
11	Section 501(c)(12) organizations. Enter	المدا			l
a	Gross income from members or shareholders	11a	1		l
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
40-	amounts due or received from them )	11b	12a	l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	12b	128	<del>                                     </del>	-
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		For	n 990	(2009)

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.

Enter the number of voting members of the governing body   1a	Sec	ction A. Governing Body and Management			
b Enter the number of volang members that are independent Did any officer, director, trustee, or key employee required to the organization delegate control over management dules customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization delegate control over management dules customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization become waver during the year of a material diversion of the organization sacets?  Did the organization have members or stockholders?  Does the organization have members or stockholders?  To Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body?  The Society of the organization have members of stockholders, or other persons?  The Yea Company of the year by the following a The governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab charmetes with authority to act on behalf of the governing body?  Bab commende with authority to act on behalf of the governing body?  Bab commende with authority to act on behalf of the governing body?  Bab commende with authority to act on behalf of the governing body?  Bab Commende with authority to act on behalf of the governing body?  Bab Commende with authority to act on behalf of the governing body?  Browning to the governing body?  Browning t			······	Yes	No
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13	c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
14		describe in Schedule O how this is done	12c	ļ	<u> </u>
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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  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.  □ Own website □ Another's website □ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CITY OF PETAL  119 WEST 8TH AVENUE	13	Does the organization have a written whistleblower policy?	13		
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  15a	14	Does the organization have a written document retention and destruction policy?	14	<b></b>	<u>X</u>
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  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 with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  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.  □ Own website □ Another's website □ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CITY OF PETAL  119 WEST 8TH AVENUE	15	Did the process for determining compensation of the following persons include a review and approval by			
b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  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.  ☐ Own website ☐ Another's website ☐ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CITY OF PETAL 177.6		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 with a taxable entity during the year?  16a X	а	· · · · · · · · · · · · · · · · · · ·			X
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Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization CITY OF PETAL  119 WEST 8TH AVENUE	18				
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CITY OF PETAL  119 WEST 8TH AVENUE					
policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization CITY OF PETAL  119 WEST 8TH AVENUE	40				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization CITY OF PETAL 119 WEST 8TH AVENUE	13				
organization ► CITY OF PETAL 119 WEST 8TH AVENUE	20				
NO 2046E COLEAE 1776	20	440			
	Þ	NG 20465	601-54	5-1	<u>7</u> 76

# 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"

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

- 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

(A) Name and Title	(B) Average hours per	Pos	(C) sition (check all that apply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HAL MARX MAYOR						<u> </u>		0	0	0
DAVID CLAYTON	<del>                                     </del>							0	0	0
ALDERMAN TONY DUCKER										
ALDERMAN WILLIE HINTON								0	0	0
STEVE STRINGER	<u> </u>			-	_		-	0	0	0
JAMES RUNNELS								0	0	0
ALDERMAN									0	0
		ļ							<del></del>	
		_		_	_					
		-	_	_	_	-	-			-
		<del>                                     </del>	-	-						

Part VII	Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)			
•	(A) Name and Title	(B) Average	Pos	ition	(chec	C) :k ali t	hat a	(vlaa	(D) Reportable	(E) Reportable		(F) mated	
		hours per week	Individual trustee or director	_	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe fror organ and d	ount of ther ensation m the nization related izations	
											li li		
											ļ		
						ļ						<del>_</del>	
							ļ						
					_	_							
				_									
			<u></u>	_	<u> </u>	_							
								_			<u> </u>		
	number of individuals (inc				nose	liste	d abo	ove)	who received more than \$1	00,000 in	<u> </u>		
repor	table compensation from	the organization	<u> </u>	0						<u> </u>	<del></del> -	Yes	No
	ne organization list any <b>fo</b> r byee on line 1a? If "Yes,"								ee, or highest compensated		3		Х
the o	rganization and related or	1a, is the sum oganizations great	f repo ter th	ortat an \$	ole co 3150,	ompe 0007	ensat	tion a /es,"	and other compensation fro complete Schedule J for si	m uch	4		x
									unrelated organization for ich person		5		X
Section B	. Independent Contracto	ors							ctors that received more that	ın \$100,000 of			
comp	ensation from the organiz	zation (A) I business address	-					Τ	Descrip	(B) otion of services		(C) Compens	sation
									<del>-</del> -				
	number of independent of than \$100,000 in compet						l to th	nose	listed above) who received	l		0	
DAA	<del> </del>								· · · · · · · · · · · · · · · · · · ·	-	Fo	orm <b>99</b>	0 (200

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
છે જ	1a	Federated campaigns	1a				70001140		012,010,010,1
ant	b	Membership dues	1b			1			
g,E	-	Fundraising events	1c			I			
jifts ar a	d	Related organizations	1d			Ī			
S, Bjig	6		1e			1			
isi	f		··•			1			
the the	•	and similar amounts not included above	1f		1	1			
d tri	g	Noncash contributions included in lines 1a-		\$	-	I			
Se	h			•	▶	1			
<u>e</u>					Busn. Code			***************************************	
en	2a	DONATIONS				24,290	24,290		
Re	b	232				,			
iż.	С								
Š	d							· · · ·	
E	е								
Program Service Revenue   Contributions, gifts, grants and other similar amounts	f	All other program service reven	iue						
4	g	Total. Add lines 2a-2f			•	24,290			
	3	Investment income (including d	ıvıdend	ds, interes	t, and				
		other similar amounts)			▶			<del></del> .	
	4	Income from investment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties			<u> </u>				
		(ı) Real		(II) P	ersonal	1			
	6a	Gross Rents				I			
	b	Less rental exps				1			
	С	Rental inc or (loss)		L.,		<b>†</b>			
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		T	011			······································	
		sales of assets (1) Securities	3	(11)	Other	I			
		other than inventory		1		1			
	b	Less cost or other		}		I			
		basis & sales exps		†		I			
	d	Gain or (loss) Leading or (loss)		L		†			
		Gross income from fundraising ever	its						
θĘ	-	(not including \$				1	į		
Ver		of contributions reported on line 1c).				I			
8		See Part IV, line 18	а			1			
Other Reven	b	Less direct expenses	b			I			
ō		Net income or (loss) from funds	aising	events	▶				
		Gross income from gaming activities	- 1						
		See Part IV, line 19	а						
	b	Less direct expenses	b						
	С	Net income or (loss) from gami	ng acti	vities	<b>&gt;</b>				<u> </u>
	10a	Gross sales of inventory, less							
:		returns and allowances	а			I			
		Less cost of goods sold	þ			1			•
	С	Net income or (loss) from sales		entory	<b>•</b>		:		<u> </u>
	4.	Miscellaneous Revenue	1		Busn. Code	<b>†</b>			Ī
	11a				<del>                                     </del>				<del></del>
	b		•		<del>  </del>				<del>                                     </del>
	0	All other revenue			<del> </del>				
	d	All other revenue  Total. Add lines 11a-11d							
		Total Revenue. See instruction	าร			24,290	24,290	0	0
			. —		l	1 1			

Form 990 (2009)

## 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).

				(-), (-),	<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U S See Part IV, line 21				
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	<del></del>			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				<u></u>
O	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	Payroli taxes				
11	Fees for services (non-employees)				*****
	Management				
ь					
c	Accounting				
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
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 )				
a					
þ					**-
C					<del></del>
d					
6	All other company				
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶				<del></del>
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 fundraising solicitation				

			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			1	24,290
2				2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	****
5		istees, kev			······································
	employees, and highest compensated employees Comple	•		1 1	
-	Schedule L			5	
6		nder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B			1 1	
	Part II of Schedule L	,		6	
}   7	Notes and loans receivable, net			7	<del> </del>
7 8	Inventories for sale or use			8	<u>.</u>
( )	Prepaid expenses and deferred charges			9	
	a Land, buildings, and equipment cost or	[ ]		† † †	
'	other basis Complete Part VI of Schedule D	   10a		1 1	
١,	Less accumulated depreciation	10b	<del> </del>	10c	
11	Investments—publicly traded secunities	[ 100]	•••	11	
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)			16	24,290
17	Accounts payable and accrued expenses		1	17	21/230
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	· <u>·</u>
1	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
21 22				1	
	employees, highest compensated employees, and disqual			1 1	
1	persons Complete Part II of Schedule L	a		22	
23		artipe	<del></del>	23	
24	Unsecured notes and loans payable to unrelated third part			24	
25	Other liabilities Complete Part X of Schedule D			25	* 41
26	Total liabilities. Add lines 17 through 25			26	
	Organizations that follow SFAS 117, check here ▶ X	and		1	
3	complete lines 27 through 29, and lines 33 and 34.	,		1	
27	Unrestricted net assets		İ	27	24,290
28				28	
29				29	*
5	Organizations that do not follow SFAS 117, check here	• ▶ □			
:	and complete lines 30 through 34.				
30				30	
31		und		31	
32				32	
27 28 29 30 31 32 32 33 34	Total net assets or fund balances			33	24,290
34	Total liabilities and net assets/fund balances			34	24,290

Form **990** (2009)

	_	-	~ ~	_	_	_
<b>5</b> 8	-2	1	เาห	₹	')	- /

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990			
	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		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	İ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	I 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 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?	3a		
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	3b		

Form **990** (2009)

**SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PETAL PUBLIC IMPROVEMENT

CORPORATION

Employer identification number 58-2108327

D	- ut 1	Bass	on for Bublic Charity	Status (All organizations	munt of	mploto	thia n	o# ) C	oo inc	tructio	200		
Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
	e organization is not a private foundation because it is (For lines 1 through 11, check only one box )												
1				ciation of churches described in s	section 1	70(b)(1)( <i>/</i>	4)(i).						
2	Ц	A school desc	cnbed in section 170(b)(1)(A	)(ii). (Attach Schedule E )									
3		A hospital or	a cooperative hospital service	e organization described in <b>secti</b>	on 170(b)	(1)(A)(iii)							
4		A medical res	esearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II )											
6		·											
7	X		ate, or local government or governmental unit described in section 170(b)(1)(A)(v).										
•	21	•	ation that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II)										
					,								
8	H	-		(0(b)(1)(A)(vi). (Complete Part II	-			anabun fa					
9	نــا	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )											
10		An organization	on organized and operated ex	clusively to test for public safety	See sect	tion 509(a	a)(4).						
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a Type	I <b>b</b> Type II	c Type III-Functiona	illy integra	ted	d	Тур	e III-Otl	her			
е	$\Box$	By checking ti	his box, I certify that the orgai	nization is not controlled directly	or indirect	ly by one	or more	disqual	fied				
		persons other	than foundation managers a	nd other than one or more public	ly support	ted organ	zations	describe	d in sec	ction			
		509(a)(1) or s	ection 509(a)(2)										
f				mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	q				
·		-	check this box		,,,,,	•	<b>,</b>	• •	•				
~		-		on accepted any gift or contribution	on from ar	ny of the							LJ
g		_		or accepted any gift of continuation	on nom a	iy or the							
		following per					<i>(.</i> .)					Yes	Γ <sub>N</sub> α
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)								44.0	162	No		
	and (III) below, the governing body of the supported organization?					11g(i)	-	-					
	(ii) A family member of a person described in (i) above?						11g(i)					<del>                                     </del>	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	)	L
h		Provide the f	ollowing information about the	e supported organization(s)			1			-			
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	_	(v) Did you notify		(vi) Is the		(vii) Am		
	org	anızatıon		(described on lines 1–9 above or IRC section	in col (i) listed in your governing document?		the organization in col (i) of your		organization in col		sup	support	
				(see instructions))	governing document		support?		ÜS?				
					Yes	No	Yes	No	Yes	No			
										[			
					<b> </b>	ļ-					-		
						<u> </u>		ļ	<u> </u>				

Pa	Support Schedule for On (Complete only if you che				(1)(A)(iv) and '	170(b)(1)(	A)(vi)			
Sec	tion A. Public Support	***	•				-			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	)9	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007 (d) 2008		(e) 2009		(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carned on						0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10	L	<u> </u>	<u>.L</u>		<u> </u>				
12	Gross receipts from related activities, etc. (	•					12	24,290		
13	First five years. If the Form 990 is for the o	-	, second, third, four	th, or fifth tax year a	is a section 501(c)	(3)				
<del></del>	organization, check this box and stop here		<b>A</b>		·			<b>P</b>		
	tion C. Computation of Public Su	• •	-							
14		ablic support percentage for 2009 (line 6, column (f) divided by line 11, column (f))					15	<u>%</u>		
15	Public support percentage from 2008 Sche			0	4/2 0/	ali Albia Ibasi	15	76		
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 stop here. The organization qualifies as a publicly supported organization  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									
b	,,			•	18 33 1/3 % 01 111011	e, check this		▶ [		
47-	box and stop here. The organization qualifies as a publicly supported organization  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									
17a	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									
D		_					٠.			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . 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					estructions		<b>▶</b> X		
	ato realization in the organization did	55 6 50% 0		,, 5,, 6,1001	20% 4014 000 11					

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(d) 2008

(e) 2009

(b) 2006

(c) 2007

(f) Total

Schedule A (Form 990 or 990-EZ) 2009 PETAL PUBLIC IMPROVEMENT Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

(a) 2005

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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
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	ĺ						
	amount on line 13 for the year				<u> </u>	<u></u>	<del>                                     </del>	
_	Add lines 7a and 7b							—
8	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support	<u> </u>	ŧ	<u> </u>	.1	<u> </u>		_
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	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							
С	Add lines 10a and 10b				<u> </u>	<u> </u>	<del>_</del>	_
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, four	th, or fifth tax year	as a section 501(c)	(3)		_
	organization, check this box and stop here	)			·			
Sec	tion C. Computation of Public Su	pport Percent	tage					
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))							%
16	Public support percentage from 2008 Sche					16		%
	tion D. Computation of Investme						1	
17	Investment income percentage for 2009 (lin	17	<del>-i</del>	% %				
18	Investment income percentage from 2008			14 and line 15 is n	nore than 33 1/2 %	and line	<u> </u>	
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this bo						•	Г
ь	33 1/3 % support tests—2008. If the orga						•	_
J	line 18 is not more than 33 1/3 %, check th						•	- [
20	Private foundation. If the organization did						<u> </u>	
DAA						hedule A (Form 9	990 or 990-EZ) 2	009

Schedule A (Form 990 or 990-EZ) 2009 PETAL PUBLIC IMPROVEMENT

58-2108327

Page 4

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

SCHEDULE O

**Supplemental Information to Form 990** 

OMB No 1545-0047 2009

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.

Open to Public Inspection

Name of the organization

PETAL PUBLIC IMPROVEMENT CORPORATION

Employer identification number 58-2108327

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public