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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)

OMB No 1545-0047 2009

Department of the Treasury

partment of the Ternal Revenue Se	reasury ervice	► The organization ma	y have to use a copy of t	his return to satisf	fy state report	ing requirem	ents	Open	to Public ins	pection
For the 200	9 calendar year, c	or tax year beginning			and endin				2010	
Check if applic	able	C					D Employ	yer identifi	cation Number	
Address c		SPARROW CLUB	S USA				91-	16727	00	
Name cha		906 NE GREEN					E Teleph	one numbe	er	
Initial retu	rn See	BEND, OR 977	01				541	-312-	8630	
Termination	instruc- on tions .									
Amended	return						G Gross	receipts \$	559,	314
Applicatio	n pending F Name a	and address of principal offi	cer			H(a) Is this	a group retu	rn for affili	ates? Yes	ΧN
U		AS C ABOVE				H(b) Are all			Yes	
Tax-exem	npt status X 501		sert no.) 49	947(a)(1) or	527	If No,	attach a list	(see instr	uctions)	
Website:		LUBS.ORG				H(c) Group	exemption r	umber ►		
Form of orga	()		sociation Other▶	L	Year of Format	tion 1994	4 M	State of leg	gal domicile WA	
	Summary			1						
		ganization's mission o	or most significant a	activities: To	O PROVI	DE FIN	ANCIAI	, EMC	TIONAL,	AND
MOD		FOR FAMILIES								
		CK RESOURCES								
MEM		PROMOTE YOU'								
2 Chec	k this box ►	if the organization di	scontinued its opera	ations or dispo						
3 Numb		bers of the governing					,	3		
4 Numb	•	nt voting members of		/ (Part VI, line	1b)			4		
		yees (Part V, line 2a						5		25 25
6 Total		eers (estimate if nec		(C) line 12				7a		<u> </u>
		business revenue froi s taxable income fron						7b		ŏ
7					· · · · ·		N. 1	•	C	
MAR 2	2 2 2011 💢	; its (Part VIII, line 1h)				F	rior Year 848,		Current Y	ear , 884
8 Contr							040,	9/3.	400	, 004
		iue (Part VIII, line 2g art VIII, column (A), I						438.	_3	,705
	····)	III, column (A), lines		and 11e)			201,			$\frac{7564}{564}$
	•	nes 8 through 11 (mu			ne 12)	1	,049,			,743
		ounts paid (Part IX, o			10 12/		657,			, 157
		members (Part IX, c		٠,						
	*	nsation, employee be		umn (A) lines	5-10)		326,	915.	149	, 982
15 Salai	•		•	ulilii (/ly, iiiles	3-10)		0207			,,,,,,
16a Prote		ng fees (Part IX, colu		,	20 101					
16a Profe b Total	fundraising expe	nses (Part IX, columi	າ (D), line 25) ► _		28,101.		<u> </u>			
17 Other	r expenses (Part	IX, column (A), lines	11a-11d, 11f-24f)				225,			<u>, 643</u>
18 Total	expenses Add II	nes 13-17 (must equ	al Part IX, column ((A), line 25)		1 1	1,210,			,782
19 Reve	nue less expense	s Subtract line 18 fr	om line 12		_		-160,	022.	-162	<u>,039</u>
<u> </u>						Begii	nning of `	Year	End of Ye	ar
20 Total	assets (Part X, II	ne 16) .					321,			, 957
20 Total 21 Total	liabilities (Part X	, line 26)					3,	138.	3	<u>,816</u>
22 Net a	ssets or fund bala	ances Subtract line	21 from line 20				318,	694.	157	,141
	Signature Blo									
			med this return including	accompanying sci	hedules and st	atements, an	nd to the bes	at of my kn	owledge and belie	f. it is
true	e, correct, and complete	, I declare that I have exam e Declaration of preparer (other than officer) is base	d on all information	n of which pre	parer has an	y knowledge	•	· ·	
ign	Mu	(moues)				1	Des	and o	221,	201
ere	Signature of officer	0				Da	ate			
▶	STEVE MEZI	СН				EXEC	UTIVE	DIREC	•	
]	Type or print name ar									
				1	Date	C	heck if	Pre	parer's identifying e instructions)	numbe
aid		11/ 1/	/ 🔪	550	0.4.00	. s	elf- mployed	1771	e msuucuons)	
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arer S	HAR	RIGAN PRICE F	RONK & CO.	LLP				1		
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			num aboun? /con :-	etructions)			HOLLE HO	(541		No
only add ZIP	ployed), lress, and +4 BEN scuss this return		own above? (see in	structions)	ions.	- 1	hone no	541 - (541 3L 12/29/) 382-47: X Yes	_

f .	Y 1990 (2009) SPARROW CLUBS USA	91-167270)N	Page 2
Par		JI 10727		1 age 2
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	_	
	Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services on Schedule O.		🙃	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X	No
	If 'Yes,' describe these changes on Schedule O.	manaa Saatia	E01/-)/2\	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by example and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allow expenses, and revenue, if any, for each program service reported.	cations to others	the total	
4a	(Code: <u> </u>	evenue \$)
	SEE SCHEDULE O			
				_
	,			
4 b	(Code:) (Expenses \$) (Re	evenue \$)
				- <i>-</i>
				- -
			-	
			-	
				-
	: (Code: :) (Expenses \$.		
40	: (Code: 1, 1, 1, 1) (Expenses \$) (Re	evenue \$,
				-
				- -
				_
				-
				-
4 d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 433,598.			

T. ... Y ...

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	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	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 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, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	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	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
(Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	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	ļ		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
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		X
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		X
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	X	
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		X
20	and the second of the second o	20]	X

Form 990 (2009) SPARROW CLUBS USA

Part IV 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 1? 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	Х	· · · · · · · · · · · · · · · · · · ·
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? <i>If 'Yes,' complete Schedule J</i>	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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	25 a		Χ
Ŀ	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		Х
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 comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation 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		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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, Part IV	28c		Х
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 conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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, 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		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		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	
2Δ2		Forn	990	ronnav

				Yes	No	
1:	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 4				
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0				
•	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	Х		
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 11				
21	olf at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	_ X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)			,	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		Х	
1	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b			
4:	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fire	or other authority over, a nancial account)?	4a		Х	
ı	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 Financial Accounts	oreign Bank and				
5	. Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		<u>X</u>	
i	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction? .	5 b		X	
(lf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5с			
6	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		X	
ı	If 'Yes,' did the organization include with every solicitation an express statement that such co deductible?	ntributions or gifts were not	6 b			
7	Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
ı	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b			
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for where Form 8282?	ich it was required to file	7с		Х	
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ns on a personal	7 e		Х	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	l l	7 f	_	X	
	ı For all contributions of qualified intellectual property, did the organization file Form 8899 as re	·	7 g			
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Forr	· ·	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	organizations. Did the ave excess business	8			
9	Sponsoring organizations maintaining donor advised funds.	'				
	Did the organization make any taxable distributions under section 4966?		9 a			
	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b			
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from other members or shareholders	11a				
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12 a			
Ŀ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				

BAA

Section A. Governing Body and Management

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

				Yes	No
1	a Enter the number of voting members of the governing body .	1a 6			•
1	b Enter the number of voting members that are independent	1ь 6	: 1	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation officer, director, trustee or key employee?	onship with any other	2	_	Х
3	Did the organization delegate control over management duties customarily performed by or unde of officers, directors or trustees, or key employees to a management company or other person?	r the direct supervision	3	-	Х
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?.				
5	Did the organization become aware during the year of a material diversion of the organization's a	assets?	5		Х
6	Does the organization have members or stockholders?	,	6		X
7	Does the organization have members, stockholders, or other persons who may elect one or more governing body?	e members of the	7a		Х
1	Are any decisions of the governing body subject to approval by members, stockholders, or other	persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake the following:	en during the year by			***********
i	a The governing body?		8a	Х	
ı	Each committee with authority to act on behalf of the governing body?		8ь	Х	_
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot	t he reached at the			
_	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	t be reactica at the	9		X
Sec	ction B. Policies (This Section B requests information about policies not re	quired by the Interna	ī		
Rev	enue Code)				
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		X
I	If 'Yes,' does the organization have written policies and procedures governing the activities of sur and branches to ensure their operations are consistent with those of the organization?	ch chapters, affiliates,	10 ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	re filing the form?	11	Х	
11/	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDULE O			
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	X	
ŀ	Are officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?	t could give rise	12b	Х	
(Does the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this is done SEE SCHEDULE O	' If 'Yes,' describe in	12 c	Х	
13	Does the organization have a written whistleblower policy?		13		_ X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appr persons, comparability data, and contemporaneous substantiation of the deliberation and decisio	roval by independent in ⁹			
ε	The organization's CEO, Executive Director, or top management official	,	15 a	_X	
t	Other officers of key employees of the organization SEE SCHEDULE 0		15 b	Χ	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra entity during the year?	ingement with a taxable	16 a		Х
ŀ	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to e in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the status with respect to such arrangements?	evaluate its participation organization's exempt	16 Ь		
Sec	tion C. Disclosures				
	List the states with which a copy of this Form 990 is required to be filed ► OR				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 inspection. Indicate how you make these available. Check all that apply.	90-T (501(c)(3)s only) avail	able f	or pub	olic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing document statements available to the public. SEE SCHEDULE 0	s, conflict of interest policy	, and	financ	cial
	State the name, physical address, and telephone number of the person who possesses the book - TERRI_KING_906_NE_GREENWOOD_AVE_STE#2_BEND_OR_97701_541-312		ıızatıoı 	n.	

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 organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did no	t compens	sate ar	пу с	urre	nt o	fficer,	dıre	ctor, or trustee.		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	⊢				hat app	• •	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Institutional trustee Individual trustee or director		Officer	employee Key employee		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BILL BUCHANAN							l			
DIRECTOR	1	X						0.	0.	0.
ERIN LIVINGSTON]									
DIRECTOR	1	X						0.	0.	0.
TOM HALVERSON]									
DIRECTOR	1	X		Х				0.	0.	0.
NANCY WILSON	1									
PRESIDENT	1	Х		X				0.	0.	0.
JOE RYGG										
VICE PRESIDENT	1	X		X	<u> </u>			0.	0.	0.
KRISTINE SWIDEREK]									
DIRECTOR	1	X			ļ		_	0.	0.	0.
STEVE MEZICH EXECUTIVE DIREC	12			Х	Х			5,500.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, l	Key	En	npl	oy€	es,	, an	d Highest Co	mpensated Em	ployee	s (co	ont.)
(A)	(B)			(6				(D)	(E)		(F)	
Name and Title	Average hours per week	L		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fi org ar	stimated int of off ipensation om the anization id related	her on n d
		_										
	ļ											
	ļ											
						:						
1b Total							<u> </u>	5,500.	0.	<u> </u>		0
2 Total number of individuals (including but not limited from the organization ► 0	i to thos	e IIS	tea	abo	ve) '	wno	rece	eived more than \$	100,000 in reportab	ie comp	ensat	on
3 Did the organization list any former officer, director	or truste	e k	ev e	mnl	love	e 01	r bic	shest compensate	d employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	idividuai	'	•	•	•	•	_	·	. •	3		X
ındıvıdual										4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	edule J	for s	troi such	m ai pei	rsor	inrei.	atec	organization for	services	5		X
Complete this table for your five highest compensate compensation from the organization.	ed indep	end	ent	cont	ract	ors	that	received more th	an \$100,000 of			
(A)						(B Description) of Services	(C) Compensation				
							-					
				_								<u> </u>
2 Total number of independent contractors (including the \$100,000 in compensation from the organization.		limite	ed to	tho	ose	liste	d at	oove) who receive	d more than			

1.

laipeai		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns. 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e				
CONTRIBUTIONS AND OTHER SIM	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f: h Total. Add lines 1a-1f	400,884.			
	Business Code 2a b	100,001.			
PROGRAM SERVICE REVENUE	c d e e e e e e e e e e e e e e e e e e				
PROGE	f All other program service revenue g Total. Add lines 2a-2f ▶		, , , , , , , , , , , , , , , , , , , ,		
i	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	1,010.			1,010.
	(i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	and sales expenses c Gain or (loss) d Net gain or (loss)	-4,715.			-4,715.
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 154,715. b Less: direct expenses b 74,616.				00.000
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	80,099.			80,099.
	b Less: direct expenses. c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a 465. b Less: cost of goods sold b	ACE			ACE
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	465.			465.
	11a				
	c d All other revenue				
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	477,743.	0.	0.	76,859.
	Can reterme. Coo mandendria	211,133.	<u>, J.</u>	<u> </u>	10,000.

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).

		proce coramin (ry par ar	The requirement of compile	(2), (3), (3),	
	not include amounts reported on lines 7b, 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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	292,157.	292,157.		***************************************
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,500.	3,795.	1,100.	605.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		109,862.	75,805.	21,972.	12,085.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,0.21	
9	Other employee benefits	22,900.	15,801.	4,580.	2,519.
10	Payroll taxes	11,720.	8,087.	2,344.	1,289.
11	Fees for services (non-employees)				
	Management ,				
ı	Legal				
	Accounting	244.		244.	
	# Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	Other	400			400
	Advertising and promotion .	400.	1 005	0.60	400.
13	Office expenses	3,871.	1,935.	968.	968.
14	Information technology				
15	Royalties		6 406	4 077	1 277
16	Occupancy	9,180.	6,426.	1,377.	1,377.
17 18	Travel	12,627.	8,839.	1,894.	1,894.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,601.	1,801.	1,800.	
23	Insurance.	3,764.	2,597.	753.	414.
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.)				
í	LOSS ON UNCOLLECTIBLE PLEDGES	130,636.		130,636.	
	TELEPHONE	8,511.	6,809.	851.	851.
	CONSULTING FEES	5,380.	2,690.		2,690.
	DATA MANAGEMENT	5,221.	2,611.	1,305.	1,305.
	DUES, FEES, LICENSES, LIFT	4,268.		4,268.	
	All other expenses	9,940.	4,245.	3,991.	1,704.
	Total functional expenses Add lines 1 through 24f	639,782.	433,598.	178,083.	28,101.
26					
BAA					Form 990 (2009)

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	· ·	31,940.	1	43,081.
	2	Savings and temporary cash investments		16,734.	2	40,697.
	3	Pledges and grants receivable, net.		258,519.	3	62,845.
	4	Accounts receivable, net .			4	
	5	Receivables from current and former officers, directors, trustees, key empand highest compensated employees. Complete Part II of Schedule L	loyees,		5	
	6	Receivables from other disqualified persons (as defined under section 495	8(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of School	lule L .		6	
ASSET	7	Notes and loans receivable, net	. [7	
Ē	8	Inventories for sale or use .			8	
s	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or other basis 10a 4	7,398.			
		Complete Part VI of Schedule D				
	t	Less: accumulated depreciation. 10b 39	9,233.	9,026.	10 c	8,165.
	11	Investments – publicly-traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
1	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets .			14	
	15	Other assets See Part IV, line 11 .		5,613.	15	6,169.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		321,832.	16	160,957.
	17	Accounts payable and accrued expenses		3,138.	17	3,816.
- 1	18	Grants payable		18		
.	19	Deferred revenue		19	. <u>. </u>	
!	20	Tax-exempt bond liabilities]		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D	,		21	
į	22	Payables to current and former officers, directors, trustees, key employee highest compensated employees, and disqualified persons. Complete Part	s, t II			
إإ		of Schedule L	1		22	=
E S	23	Secured mortgages and notes payable to unrelated third parties]	===	23	· · · · · · · · · · · · · · · · · · ·
ļ	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities. Complete Part X of Schedule D			25	48
_	26	Total liabilities. Add lines 17 through 25		3,138.	26	3,816.
Ĕ		Organizations that follow SFAS 117, check here ▶ X and complete li	nes			
.		27 through 29 and lines 33 and 34.				
SS	27	Unrestricted net assets		-64,636.	27	<u>-84,672.</u>
Ĕ	28	Temporarily restricted net assets	ļ	383,330.	28	241,813.
	29	Permanently restricted net assets	ļ		29	
8		Organizations that do not follow SFAS 117, check here ► and con	plete		1	
۶ ا		lines 30 through 34.				
8	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
X I	32	Retained earnings, endowment, accumulated income, or other funds			32	
BALANCES	33	Total net assets or fund balances.	ļ	318,694.	33	157,141.
Ŝ	34	Total liabilities and net assets/fund balances.		321,832.	34	<u>160,957.</u>

BAA

160, 957. Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: \square Cash \square Accrual \square Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
Ŀ	Were the organization's financial statements audited by an independent accountant?	2b		Х
c	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
c	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?	За		Х
t t	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		

BAA

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PA	<u>RR</u>	OW CL	<u>UBS USA</u>	,						91-10	<u>67270(</u>)		
ar		Reas	on for Pu	ublic Charity Stat	t us (All organization	ns must	compl	ete thi	s part	.) See	ınstruc	ctions		
he c	rga	nization	ıs not a pri	vate foundation becau	use it is. (For lines 1 thro	ough 11, c	heck on	ly one b	ox.)					
1		A churc	ch, convent	ion of churches or as:	sociation of churches de	scribed in	section	170(b)(1	χΑχi).					
2		A scho	ol described	d in section 170(b)(1) ((A)(ii). (Attach Schedule	E.)								
3		A hosp	ital or coop	erative hospital servic	ce organization described	d in sectio	n 170(b)	(1)(A)(ii	i).					
4		A medi	cal researc	h organization operat	ed in conjunction with a	hospital d	escribed	ın secti	on 170(Ъ)(1)(А)	(iii). Ente	er the hosp	ıtal's	
_	_		city, and st		. – , – – – – – – – .								- ,	
5		170(b)(1)(A)(iv). ((Complete Part II.)	t of a college or universit		•	-	•	mental ı	unit desc	cribed in se	ction	
6 7	X	An orga	anization th		governmental unit desci a substantial part of its s Part II \					or from t	the gene	eral public o	describ	ed
8					170(b)(1)(A)(vi). (Comple	ete Part II.	.)							
9	Ħ		-		(1) more than 33-1/3 %		•	contrib	utions.	member	ship fee	s, and gros	s rece	ıpts
-		from ac investn	ctivities rela nent income	ited to its exempt fund	ctions — subject to certai ess taxable income (less	ın exceptio	ons, and	(2) no r	nore tha	an 33-1/.	3 % of it	s support f	rom gr	oss
10		An orga	anızatıon or	ganized and operated	d exclusively to test for p	oublic safe	ty. See :	section !	509(a)(4	l).				
11		more p	ublicly supp	ported organizations	d exclusively for the bene described in section 509 ization and complete line	(a)(1) or s	ection 5	09(a)(2)	tions of . See s e	, or carr ection 5 (y out the 09(a)(3).	e purposes Check the	of one box th	or nat
		а 🔲 Т	ype I	b Type II	I с Птуре	III - Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е		By che than fo 509(a)(undation m	ox, I certify that the o anagers and other tha	organization is not contro an one or more publicly	Iled direct supported	ly or ind organiz	irectly b ations d	y one o escribed	r more o d in sect	disqualifi tion 509(ed person a)(1) or se	s other ction	
f		If the o		received a written de	termination from the IRS	that is a	Type I,	Type II o	or Type	III supp	orting or	ganization,		
g		Since A	August 17, 2	2006, has the organiza	ation accepted any gift	or contribi	ution from	n any o	f the fol	lowing p	ersons?			
													Yes	No
		(i) a b	person who elow, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	together	with per	sons de	scribed	ın (II) ar	nd (III)	11 g (i)		
		(iı) a	family men	nber of a person des	cribed in (i) above?							11 g (ii)		
		(iii) a	35% contro	olled entity of a person	n described in (i) or (ii) a	above?						11 g (iii)		
h		Provide	the follow	ing information about	the supported organizat	ions.				· · · · · · · · · · · · · · · · · · ·				
	(i	Name of Organi	Supported zation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	(v) Did y the organ col your su	ization in (i) of	organizat (i) organi	s the ion in col zed in the S ?	(VII) Amour	nt of Sup	port
_						Yes	No	Yes	No	Yes	No			
			· · · · · · · · · · · · · · · · · · ·	+-			 			 				
												-		
					 		<u> </u>	ļ		ļ				
otal							<u> </u>							

BAA 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 Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sac	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	<u>l.)</u>			
				-	·		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	833,983.	1,266,674.	1,177,964.	848,973.	400,884.	4,528,478.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	833,983.	1,266,674.	1,177,964.	848,973.	400,884.	4,528,478.
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)						0.
	Public support. Subtract line 5 from line 4						4,528,478.
Sec	tion B. Total Support			<u> </u>			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	833,983.	1,266,674.	1,177,964.	848,973.	400,884.	4,528,478.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	551.	9,095.	2,204.	2,286.	1,010.	15,146.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						4,543,624.
12	Gross receipts from related active	ities, etc (see ins	tructions)		•	12 _	0.
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth, oi	fifth tax year as a	a section 501(c)(3)	▶
	tion C. Computation of Pu						
	Public support percentage for 20	•	••	e 11, column (f)	•	14	99.7%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14	•		15	99.2%
16 a	33-1/3 support test $-$ 2009. If the and stop here. The organization				he line 14 is 33-1/	3 % or more, che	ck this box
b	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box o licly supported or	n line 13, or 16a, ganization.	and line 15 is 33-1	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here.	. Explain in Part I\	/ how
	10%-facts-and-circumstances testor more, and if the organization rorganization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiz	' test, check this t ation qualifies as	oox and stop here. a publicly support	. Explain in Part I\ ed organization.	/ how the ►
18	Private foundation. If the organiz	ation did not che	ck a box on line,	13, Iba, Ibb, 17a,	or 1/b, check this	box and see inst	ructions

Schedule A (Form 990 or 990-EZ) 2009 SPARROW CLUBS USA 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							
	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
	Gross receipts from	<u> </u>			 			
	admissions, merchandise sold or services performed, or facilities furnished in a 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							
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
	: Add lines 7a and 7b							_
	Public support (Subtract line							
_	7c from line 6.)							
Sec	tion B. Total Support	<u> </u>		4		<u> </u>		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
	Amounts from line 6			(3/233)		(1)		
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	: Add lines 10a and 10b							
11	Net income from unrelated business activities not included inline 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 ins 9, 10c, 11, and 12)					<u> </u>		
14	First five years. If the Form 990	s for the organiza	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 50	(c)(3)	▶ □
Sac	organization, check this box and tion C. Computation of Pu		Percentage					
				a 13 column (6)			15	%
	Public support percentage for 20	•	• • •	e 15, column (1))		· •	16	
	Public support percentage from 2			· · · · · · · · · · · · · · · · · · ·			10	76
	tion D. Computation of Inv				mp (f))	1	17	0/.
	Investment income percentage for	•	= = =	-	1111 (1))	}	18	<u>%</u> %
	Investment income percentage fr 33-1/3 support tests — 2009. If the more than 33-1/3%, check this be	ne organization did	d not check the bo	ox on line 14, and	d line 15 is more ti	l nan 33-1/3%, nanization		
k	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization did	d not check a box	on line 14 or 19a	i, and line 16 is mo	ore than 33-1	/3%, and ition	d line 18
20	Private foundation. If the organiz							►□

Schedule A	(Form 990 or 9	990-EZ) 2009	SPARROW	CLUBS	USA			91-1672700	Page 4
Part IV	Supplemer	ntal Informat	ion. Compl	ete this	part to	provide the	e explanations i	91-1672700 required by Part II, Iii formation. See instru	ne 10;
	Part II, line	17a or 17b;	and Part II	I, line 1	2. Prov	ride any oth	ier additional in	formation. See instru	ictions.
	 _								
		 -							
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	 _								
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		- -	-			- 			
			- 		- -				
							-		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

SPARROW CLUBS USA

Employer Identification number

JI I	MINOW CHODS ODA		91-1	1672700	
Pai	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu			
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds a	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 don funds are the organization's property, subject t		nor advised	Yes No	0
6	Did the organization inform all grantees, donor used only for charitable purposes and not for tipurpose conferring impermissible private bene	fit??		Yes No	o
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes	' to Form 990, F	art IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically imp	oortant land area	
	Protection of natural habitat	Preservation	of certified historic s	tructure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in	the form of a conser	vation easement on t	:he
				at the End of the Yea	<u>ir</u>
8	Total number of conservation easements .		2a		
	Total acreage restricted by conservation easer		2b	 	
	: Number of conservation easements on a certif	• •	2c		
	Number of conservation easements included in	•	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminat	ted by the organizati	on during the tax	
4	year ► Number of states where property subject to co	nservation easement is located ►			
5	Does the organization have a written policy requand enforcement of the conservation easemen	garding the periodic monitoring, inspection, har	ndling of violations,	☐ Yes ☐ No	io
6	Staff and volunteer hours devoted to monitoring the year ▶		ments		
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easemen	ts \$		
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	line 2(d) above satisfy the requirements of sec	ction	Yes No	lo
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	o the organization's financial statements that de	escribes the organiz	ation's accounting for	and
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, lin	o <mark>r Other Similar</mark> e 8.	Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in furthera	ent and balance she ince of public service	et works of art, histori e, provide, in Part XIV	ıcal √,
t	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	SFAS 116, to report in its revenue statement and exhibition, education, or research in furthera	and balance sheet wance of public service	orks of art, historical e, provide the followin	ıg
	(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 amounts required to be reported under SFAS	t, historical treasures, or other similar assets fill 6 relating to these items:	or financial gain, pro	ivide the following	
8	Revenues included in Form 990, Part VIII, line	1		▶ \$	
b	Assets included in Form 990, Part X			► \$	

Part III Organizations Mainta	ining Collecti	ons of Art, Hist	orical Treasures, o	r Other Similar As	sets (cont	<u>inued) </u>
3 Using the organization's acquisiti items (check all that apply):	on accession and	other records, chec	k any of the following th	at are a significant use	of its collection	on
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future gener	ations					
4 Provide a description of the organ Part XIV.	nization's collection	ons and explain how	they further the organiz	ation's exempt purpose	: In	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be r	naintained as part o	f the organization's colle	ection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	al Arrangemer ount on Form !	its Complete if 6 990, Part X, line	organization answe -21.	red 'Yes' to Form !	990, Part I	∨, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	other intermediary	for contributions or othe	er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and o	complete the following	ng table:	, ,		
on the composition and an angention.			·9 ·····		Amount	
c Beginning balance				. 1c		
d Additions during the year				1d		
e Distributions during the year.				1e		
f Ending balance			•	11		
2a Did the organization include an a	mount on Form 9	90. Part X. line 21?			Yes	No
b If 'Yes,' explain the arrangement		,				ш
Part V Endowment Funds Co		anization answer	red 'Yes' to Form 9	90, Part IV, line 10		
	(a) Current year				(e) Four ye	ars back
1 a Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
b Contributions					*************	***************************************
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities					-	***************************************
and programs						
f Administrative expenses						***************************************
g End of year balance	L				<u> </u>	
2 Provide the estimated percentage	•					
Board designated or quasi-endov		%				
b Permanent endowment ►	*					
c Term endowment ►	%					
3a Are there endowment funds not i	n the possession	of the organization t	that are held and admin	stered for the	Vaa	□ Na
organization by:					Yes	No_
(i) unrelated organizations					3a(i)	
(ii) related organizations			barak Is D2		3a(ii)	
b If 'Yes' to 3a(II), are the related of					3b	_L
4 Describe in Part XIV the intended				/ line 10		
Part VI Investments—Land, E		1				\
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value ————
1a Land.	<u> </u>					
b Buildings	·					
c Leasehold improvements	<u> </u>					<u> </u>
d Equipment	<u> </u>		47,398.	39,233.		<u>8,165.</u>
e Other						
Total. Add lines 1a through 1e (Column	n (d) must equal l	orm 990, Part X, co	olumn (B), line 10(c))	►		<u>8,165.</u>
BAA				Sche	dule D (Form	990) 2009

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 S Part VII Investments-Ot	PARROW CLUBS USA her Securities See Fo	orm 990, Part X, Iır	ne 12. N/A	91-1672700 Page 3
(a) Description of secu (including name of		(b) Book value	(c) Me	ethod of valuation
(including name of			Cost or end	d-of-year market value
Closely-held equity interests				
Other	 			
	· 			
Total. (Column (b) must equal Form 990 i		5 000 5 1 1	10) 37/3	
Part VIII Investments-Pr				
(a) Description of inv	/estment type 	(b) Book value	Cost or en	ethod of valuation d-of-year market value
 				
				
Total. (Column (b) must equal Form 990, I	Part X, Col (B) line 13)	15)		
Part IX Other Assets (Se				(h) Book volue
	(a) De	scription		(b) Book value
 				
-				
		15:	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal For Part X Other Liabilities	(See Form 990, Part X, coi (B), iir			<u> </u>
(a) Description		(b) Amount		
Federal Income Taxes				
		-	_	
		ı	Ī	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

^{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.

Sche	edule D (Form 990) 2009 SPARROW CLUBS USA	91-167	72700	Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1.			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
ε	Net unrealized gains on investments			
Ŀ	Donated services and use of facilities 2b	7 !		
c	Recoveries of prior year grants . 2c	7 1		
c	Other (Describe in Part XIV)	7 1		
e	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	7 :		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	N/A	
1	Total expenses and losses per audited financial statements .	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
8	Donated services and use of facilities . 2a			
b	Prior year adjustments 2b			
c	Other losses 2c			
d	Other (Describe in Part XIV) . 2d			
е	Add lines 2a through 2d ,	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investments expenses not included on Form 990, Part VIII, line 7b	_		
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Par	t XIV Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV I; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this paration.	, lines 1 art to pro	b and 2b; Pai	t V, itional
	·		- -	
				-
			- -	

Schedule D (Form 990) 2009 SPARROW CLUBS USA Part XIV Supplemental Information (continued)	91-1672700 Page 5
Part XIV Supplemental Information (continued)	
	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 91-1672700 SPARROW CLUBS USA **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iv) Gross receipts from activity (vi) Amount paid to (or retained by) (iii) Did fundraiser (or retained by) (i) Name of individual (ii) Activity have custody or control of contributions? fundraiser listed in or entity (fundraiser) col.(I) organization No Yes 0. Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Fai	1 11	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line (answered Yes to F Sa. List events with	orm 990, Part IV, gross receipts gre	ine 18, o ater than	r \$5,000.	
R		•	(a) Event #1 TEAM ROPING (event type)	(b) Event #2 FUNDRAISERS (event type)	(c) Other Events 3 (total number)	(d) Tota (Add col.	l Events (a) through (c))	_
RE>E20E					<u>`</u>		FA 607	_
N E	'	Gross receipts	68,123.	32,805.	53,769.		54,697	<u>-</u>
	2	Less: Charitable contributions						_
	3	Gross income (line 1 minus line 2)	68,123.	32,805.	53,769.	1	54,697	<u>.</u>
	4	Cash prizes .						_
D	5	Noncash prizes						_
DIRECT	6	Rent/facility costs						_
	7	Food and beverages						_
X	8	Entertainment						_
EXPENSES	9	Other direct expenses .	33,816.	1,593.	39,207.		74,616	·
S	10	Direct expense summary. Add lines 4- th	rough 9 in column (d)		. •		74,616	_
		Net income summary. Combine lines 3, c			<u> </u>		80,081	
Par	t III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Yo	es' to Form 990, Pa	art IV, line 19, or re	eported n	nore than	1
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col.	il gaming (a) through	1
Ž								_
-	1	Gross revenue						_
D X	2	Cash prizes						_
D P E N S E S E S	3	Non-cash prizes						_
S	4	Rent/facility costs						
	5	Other direct expenses					<u> </u>	
	_	Valuation labor	Yes%	Yes%	Yes %			
	•	Volunteer labor	No	No	I INO			_
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•			_
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	ine 7	>		TV=0 Lvc	_
9	Ente	er the state(s) in which the organization op-	erates gaming activities	;			YES NO	<u></u>
а	is tr	ne organization licensed to operate gaming				9a	<u> </u>	_
b	If 'N	o,' explain:						
		e any of the organization's gaming license: es,' explain:	s revoked, suspended o	or terminated during the	tax year?	10a		
		· 						
11	 Doe	s the organization operate gaming activitie	s with nonmembers?		 ,	<u>11</u>		_
12	Is th	ne organization a grantor, beneficiary or tru ninister charitable gaming?	istee of a trust or a mei	mber of a partnership or	other entity formed to	12		-
	auii	miliator oriantable gaining:						

chedule G (Form 990 or 990-EZ) 2009 SPARROW CLUBS USA 91-16	72700		age :
12 Judicata the consent of consent of the consent o	E	YES	NO
13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a	8		
b An outside facility 13b	9		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
Name: -			
Address: •			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	nt		
c If 'Yes,' enter name and address of the third party:			
Name: ►			
Address: ►			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ► \$			
Description of services provided: ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions			ı
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		ı
organization's own exempt activities during the tax year: ▶ \$		1 1	

SCHEDULE		35	ants and Oth	er Assistance t	o Organization	<u>u</u>		OMB No 1545-0047
(Form 990)		Gov	ernments an	Governments and Individuals in the United States	the United Sta	ites		2009
Department of the Treasury Internal Revenue Service		Complet	te if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	m 990, Part IV, lines 21	1 or 22.	,I.,	Open to Public Inspection
Name of the organization SPARROW CLUBS U	USA						Employer identification number 91–1672700	ation number
Part General Inf	General Information on Grants and Assistance	ants and Assista	ance					
	Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	s to substantiate the a	amount of the grant	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntees' eligibility for the	grants or assistance,	and	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 900 Part IV line 21 for any recipient that received more than \$5,000 Check this box if no one recipient received than \$5,000 I fee	Gescribe in Fart IV the organization's procedures for monitoring the standard of the Assistance to Governments and Other Assistance to Governments and Good Part IV Time 21 for any received	ice to Governme	ents and Organists	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to F Good Boot IV Inc. 21 for any recipient that received more than &5 000. Check this box if no one recipient received more than &5 000. Hea	tees SEE PART 1V ted States. Complete if the box if no one recipied	KT TV ete if the organiza	ation answered	Yes' to Form
Part IV and	Part IV and Schedule I-1 (Form 990) if additional	orm 990) if addi	tional space is needed	needed				★
1 (a) Name and address of organization or government	ss of organization ment	(b) EIN		(d) Amount of cash grant	(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
	1 1 1 1 1 1 1 1 1							· -
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	and government org	janizations					0
3 Enter total number	Enter total number of other organizations	suc				ł	•	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	nd Paperwork Reduct	tion Act Notice, see 1	the Instructions for	Form 990.	TEEA3901L 02/10/10	02/10/10	Sche	Schedule I (Form 990) 2009

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 91-1672700 SPARROW CLUBS USA Schedule I (Form 990) 2009

Part III

Page 2

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) ORGANIZATION PRE-SELECTS CHILDREN BASED ON CRITICAL MEDICAL NEED. GUARDIANS OF THE ___CHILDREN SUBMIT INVOICES AND RECEIPTS FOR APPROVAL, AND PAYMENT OR REIMBURSEMENT. PAYMENTS ARE TYPICALLY AUTHORIZED FOR MEDICAL BILLS, FOOD, CLOTHING, SUPPLIES, FMV (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED MORIGAGE/RENT, UTILITIES, AND OTHER COSTS OF THIS NATURE. 292,157 (c) Amount of cash grant 36 (b) Number of recipients (a) Type of grant or assistance MEDICAL ASSISTANCE

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

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.

SPARROW CLUBS USA 91-1672700 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION TO PROVIDE FINANCIAL, EMOTIONAL, AND MORAL SUPPORT FOR FAMILIES WITH A CHILD IN AN UNINSURED OR UNDERINSURED MEDICAL CRISIS, WHO LACK RESOURCES TO RESPOND TO THE NEEDS OF THE AFFECTED FAMILY MEMBER(S). TO PROMOTE YOUTH COMPASSION AND COMMUNITY SERVICE THROUGH THE FORMATION OF SPARROW CLUBS IN YOUTH GROUPS, AND ELEMENTARY, JUNIOR HIGH, AND HIGH SCHOOLS. FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS THROUGHOUT THE YEAR, SPARROW CLUBS USA ASSISTED 36 CHILDREN WHO HAD LIFE THREATENING ILLNESSES, SERIOUS MEDICAL NEEDS, OR CHRONIC DISABILITIES BY PROVIDING \$292,157 TO HELP PAY FOR UNINSURED MEDICAL EXPENSES, ANCILLARY COSTS AND/OR FAMILY MAINTENANCE NEEDS RELATED TO THEIR CHILD'S CARE. SPARROW CLUBS USA ALSO CONTINUED TO FACILITATE THE ABOVE ASSISTANCE--AND A PRICELESS AMOUNT OF MORAL AND EMOTIONAL SUPPORT--THROUGH THE PROMOTION AND FORMATION OF SCHOOL-BASED "SPARROW CLUBS." PARTICIPATING STUDENTS "ADOPT" CHILDREN WHO ARE QUALIFIED AS "SPARROWS" AND PERFORM COMMUNITY SERVICE AND FUNDRAISING PROJECTS TO RAISE THE ABOVE CHARITABLE ASSISTANCE. IN THE PROCESS, YOUNG PEOPLE ARE LEARNING TO EXPRESS COMPASSION, COURAGE, CHARACTER AND GOOD CONSCIENCE--AND ENTIRE SCHOOLS AND COMMUNITIES ARE BEING POSITIVELY AFFECTED. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS REVIEW BY EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS IF ORGANIZATION BECAME AWARE OF VIOLATION, IMMEDIATE ACTION WOULD BE TAKEN TO RESOLVE THE CONFLICT OF INTEREST. POLICY REQUIRES IMMEDIATE DISCLOSURE OF CONFLICTING INTERESTS.

Schedule 0 (Form 990) 2009 Name of the organization		age 2
SPARROW CLUBS USA	Employer identification number 91–1672700	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EM	PLOYEE:
BOARD OF DIRECTORS INDIRECTLY APPROVES OTHER OFFICERS AND KEY	EMBER SALARIES	
THROUGH APPROVAL OF BUDGET. DIRECTLY AUTHORIZES SALARY FOR EXEC	UTIVE DIRECTOR.	
DELIBERATION AND APPROVAL OF EXECUTIVE DIRECTOR SALARY RECORDED	IN BOARD MINUTES.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE	
ALL DOCUMENTS AVAILABLE UPON REQUEST.		
		
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Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
SPARROW CLUBS USA	91-1672700
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9/30/10	2009	2009 FEDERAL		K DEP	BOOK DEPRECIATION SCHEDULE	NOIL	SCHE	DULE				PAGE 1
			SPA	RROW C	SPARROW CLUBS USA	Ą						91-1672700
NOLLAIBOSEC	DATE DATE ACOURED SOLD	COST/ BUS	CUR S 179 T. BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ Bonus/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD , LIFE , RATE	CURRENT F DEPR
M 990/990-PF			i									
MACHINERY AND EQUIPMENT												
1 COMPUTER/CAMERA - BEND	8/22/01	2,376						2,376	2,376	J/S	m	0
2 TV/VCR COMBO - BEND	2/28/02	199						199	199	SVL	<u>ئ</u>	0
3 PRINTER/FAX/COPIER - MDFD	10/10/02	300						300	300	S/L	m	0
4 DESK & CHAIRS - WA	4/10/03	586						586	506	S/L	7	20
5 TELEVISION/VCR - WA	4/10/03	117						117	117	S/L		0
6 FAX MACHINE - WA	4/10/03	66						66	86	S/L	m	0
7 PRINTER - WA	4/10/03	112						112	112	S/L	м	0
8 LAPTOP & PRINTER - WA	4/20/03	200						200	200	SVL	m	0
9 CD BURNER - WA	4/30/03	120						120	120	S/L	es	0
10 COMPUTER EQUIP - MEDFORD	11/20/03	4,059						4,059	4,059	S/L	m	0
11 LAPTOP	12/22/03	1,539						1,539	1,539	S/L	m	0
12 COMPUTER WORKSTATION	1/02/04	666						666	666	S/L	m	0
13 DIGITAL CAMERA /COMPUTER	2/03/04	1,360						1,360	1,360	S/L	es .	0
14 PROJECTOR SCREEN	3/03/04	2,034						2,034	2,034	S/L	2	0
15 COMPUTER	3/05/04	836						868	839	S/L	က	0
16 COMPUTER SN	11/22/04	1,900						1,900	1,900	S/L	es	0
17 COMPUTER EQUIPMENT	1/12/05	298						298	867	S/L	m	0
18 CN OR SOUND SYSTEMS	2/25/05	669						669	642	S/L	. 2	22
19 COMPUTER EQUIPMENT	7/13/05	914						914	914	S/L	m	0
20 LAPTOP - JEFF	8/01/05	1,000						1,000	1,000	S/L	m	0
21 LAPTOP - BRENEMAN	8/09/02	1,000						1,000	1,000	S/L	es	0
22 COMPUTER EQUIPMENT	2/22/05	305						902	905	S/L	m	0
23 LAPTOP - NICOLE HOWARD	2/02/06	268						897	897	S/L	m	0
								ļ	İ			

SPARROW CLUBS USA 186 18	/30	9/30/10	2	1 600	2009 FEDERA	\L B	00K	DEP	RECIA	TION	SCHE	AL BOOK DEPRECIATION SCHEDULE				•	PAGE 2
SICTIONAL UPPERDITION 1/15/2006 1/15							SPARF	30W CI	LUBS US	4						9	-1672700
SOFTWARE. PROTOSSIOP 566/06 648 648 648 648 648 648 648 648 648 648 648 648 648 648 648 641 3 4	QN .	DESCRIPTION	DATE - ACQUIRED -	DATE			1	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.		当	MIE	CURRENT
Line Color Line L	24	SOFTWARE - PHOTOSHOP	90/80/9		649							649	649	S/L			0
MACCID 1,269/06 2,000	25		2/27/06		1,180							1,180	1,180	S/L	ო		0
KKOSK 6 /2 / 15 1,883 955 5 / 2 <	56		5/28/06		2,000							2,000	2,000	S/L	ო		0
PRINTED/SHEDDER 1/27/06 625 625 626 627 62 6	27	KIOSK	90/87/9		1,468							1,468	955	S/L	5		294
ODIO FLAYIR \$175,076 650 453 \$1,4	88		1/27/06		625							625	929	S/L			0
1,15,07 1,15	83		5/24/06		650							650	433	S/L			130
CLICK AND FIX. LIAPOT 1/18/07	99		1/15/07		45							45	41	S/L			4
FLAT TY 1/19/07 139 139 123 5/L 3 PROJECTOR 1/19/07 2,143 1/14 5/L 5 5/L 5 PROJECTOR 1/19/07 2,343 1,144 5/L 5 5/L 5 PROJECTOR 2/19/07 2,358 1,269 8/L 5 5/L 5 OPPERTY 6/18/07 2/3 2/3 1,269 8/L 5 1 <td>31</td> <td>CLICK AND FIX</td> <td>1/18/07</td> <td></td> <td>1,807</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,807</td> <td>1,606</td> <td>S/L</td> <td></td> <td></td> <td>201</td>	31	CLICK AND FIX	1/18/07		1,807							1,807	1,606	S/L			201
PROJECTOR 1/19/07 2,143 1,144 5/L 5 PROJECTOR 2/19/07 2,938 1,269 1,269 1,124 5/L 5 COMPIER 3/15/07 2,938 1,569 1,12 5/L 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 1 5 5 1 5 5 1 5 6 5 1 <td>32</td> <td>FLAT TV</td> <td>1/19/07</td> <td></td> <td>139</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>139</td> <td>123</td> <td>S/L</td> <td></td> <td></td> <td>91</td>	32	FLAT TV	1/19/07		139							139	123	S/L			91
PROJECTOR 2/19/07 2/388 1,529 5/1, 5 6 5 7 5	33	PROJECTOR	1/19/07		2,143							2,143	1,144	J/S			429
COPIER 3/16/07 243 122 5/1 5 DND PLAYER 6/05/07 190 147 5/1 3 FILE CABINIT 6/18/07 200 149 147 5/1 3 FILE CABINIT 6/18/07 200 149 5/1 2 1 <td< td=""><td>34</td><td>PROJECTOR</td><td>2/19/07</td><td></td><td>2,958</td><td></td><td></td><td></td><td></td><td></td><td></td><td>2,958</td><td>1,529</td><td>J/S</td><td></td><td></td><td>265</td></td<>	34	PROJECTOR	2/19/07		2,958							2,958	1,529	J/S			265
DVD PLAYER 6/05/07 190 147 5/L 3 FILE CABINET 6/18/07 270 61 5/L 10 COMPUTER SYSTEM 4/24/08 6,245 7/26 61 5/L 10 COMPUTER 11/17/08 865 1 6,245 1/769 5/L 5 COMPUTER 11/17/08 865 1 6,245 1/769 5/L 5 COMPUTER 11/17/08 865 1 6,245 1/769 5/L 5 COMPUTER 11/17/09 890 4 1 5/L 5 CLO MONITOR 4/13/10 1,200 0	35		3/16/07		243							243	122	J/S			46
FILE CAGINET 6,144 6,245 COMPUTER SYSTEM 4/24/08 6,245 COMPUTER 11/17/08 855 COMPUTER 11/17/08 856 COMPUTER 11/17/08 857 COMPUTER 11/17/08 858 COMPUTER 11/17/08 859 SAL 5 SON LAPTOP WANDUSE 47/358 0 0 0 0 0 47/358 35,632 COMPUTER 11/17/08 850 SAL 5 COMPUTER 11/17/08 850 SAL 5 SON LAPTOP WANDUSE 11/17/08 850 SAL 5 SAL 6 SAL	36		20/50/9		190							190	147	S/L			43
COMPUTER 4/24/08 6,245 1,769 S/L 5 COMPUTER 11/17/08 865 144 S/L 5 COMPUTER 11/17/08 650 144 S/L 5 LAPTOP COMPUTER 11/19/09 650 S/L 5 SONY LAPTOP W/MOUSE 4/13/10 1,200 S/L 5 LCD MONITOR 4/13/10 1,200 S/L 5 TOTAL MACHINERY AND EQUIPME 4/13/10 4/13/10 S/L 5 TOTAL DEPRECATION 4/13/10 4/13/10 0 0 0 0 4/13/10 S/L 5 GRAND TOTAL DEPRECATION 4/13/10 4/13/10 0 0 0 0 4/13/10 S/L 5 GRAND TOTAL DEPRECATION 4/13/10 4/13/10 0 0 0 0 0 4/13/10 S/L 5	37	FILE CABINET	6/18/07		270							0/2	61	S/L	•		12
COMPUTER 11/17/08 865 144 S/L 5 LAPTOP COMPUTER 11/19/09 650 87 5 SONY LAPTOP W/MOUSE 4/13/10 1,200 890 8/L 5 LCD MONITOR 4/13/10 1,200 8/L 5 5/L 5 TOTAL MACHINERY AND EQUIPME 4/13/10 1,200 0 0 0 0 0 47,388 35,632 3/L 5 TOTAL DEPRECIATION 47,388 0 0 0 0 0 47,388 35,632 3/L 5 GRAND TOTAL DEPRECIATION 47,388 0 0 0 0 47,388 35,632 3/L 5	38		4/24/08		6,245							6,245	1,769	J/S			1,249
LAPTOP COMPUTER	33		11/17/08		865							865	144	S/L			173
SONY LAPTOR W/MOUSE 4/06/10 890 S/L 5 LCD MONITOR 4/13/10 1,200 5/L 5 TOTAL MACHINERY AND EQUIPME 47,398 0 0 0 0 47,398 35,632 3,6 TOTAL DEPRECIATION 47,398 0 0 0 0 47,398 35,632 3,6 GRAND TOTAL DEPRECIATION 47,398 0 0 0 0 47,398 35,632 3,6	40		11/19/09		650							920		S/L			801
LCD MONITOR 4/13/10 1,200 1,200 5/L 5 TOTAL MACHINERY AND EQUIPME 47,338 0 0 0 0 47,398 35,632 3,35,63	41	SONY LAPTOP W/MOUSE	4/06/10		830							830		S/L			&
A7,398 0 0 0 0 47,398 35,632 47,398 0 0 0 0 0 47,398 35,632	45		4/13/10	'	1,200							1,200		S/L		1	120
47,398 0 0 0 0 47,398 35,632 47,398 0 0 0 0 47,398 35,632		TOTAL MACHINERY AND EQUIPME			47,398		0	0	0		0	47,398	35,632				3,601
$\frac{47,338}{} \qquad \frac{0}{} \qquad \frac{0}{} \qquad \frac{0}{} \qquad \frac{0}{} \qquad \frac{0}{} \qquad \frac{47,398}{} \qquad \frac{35,632}{} \qquad .$		TOTAL DEPRECIATION		. "	47,398	ı 11			0			47,398	35,632			, I	3,601
		GRAND TOTAL DEPRECIATION		11	47,398	II		0	0		0	47,398	35,632			ı	3,601

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Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Name(s)	shown	on	re	turn
		_		

SPARROW CLUBS USA

Identifying number 91-1672700

	ess or activity to which this form rela	tes								
	RM 990/990-PF									
Par	t I Election To Exp Note: If you have a	pense Certain I ny listed property,	Property Under Secomplete Part V before	ction 179 you complete P	art I					
1	Maximum amount. See the	e instructions for a	higher limit for certain b	usinesses				1	<u> </u>	\$250,000.
2	Total cost of section 179 p	roperty placed in s	ervice (see instructions)					2	_	
3	Threshold cost of section 1	179 property before	e reduction in limitation (see instructions) .			3	Т.	\$800,000.
4	Reduction in limitation. Su		•					4	4	
5	Dollar limitation for tax yea separately, see instruction	ar, Subtract line 4 f s	rom line 1. If zero or les	s, enter -0 If n	narried f	ılıng		5		
6		Description of property		(b) Cost (busines	s use only)	(c) E	Elected co	st	_[
									_	
				<u> </u>					╛	
7	Listed property. Enter the					<u>l</u>		,	4	
8	Total elected cost of section), lines 6 and 7				8	\bot	
9	Tentative deduction. Enter							9	-	
10	Carryover of disallowed de					. .		10		
11	Business income limitation					5 (see ins	strs)	11	+	
12	Section 179 expense dedu					т		12	+	
13	Carryover of disallowed de				▶ 13	<u> </u>		-	<u> </u>	
	: Do not use Part II or Part									1 . 1
Pai	TII Special Deprec	lation Allowan	ce and Other Depr	eciation (bo	not inclu	de listed p	property	(Se	e ins	structions.)
14	Special depreciation allow tax year (see instructions).	ance for qualified p	property (other than liste	d property) plac	ed in se	rvice durir	ng the	14		
15	Property subject to section	168(f)(1) election		•				15		
16	Other depreciation (includi	ng ACRS)						16		3,471.
Par	t III MACRS Depre	ciation (Do not in	nclude listed property.) (See instructions	s)					
			Sectio	n A						
17	MACRS deductions for ass	sets placed in servi	ice in tax years beginnin	g before 2009				17		
18	If you are electing to group asset accounts, check her	o any assets place	d in service during the ta	ax year into one	or more	general	► □			
			in Service During 2009	Tax Year Using	the Gen	eral Depre	ciation	Syste	em	
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(ention	(f) Metho			(g) Depreciation deduction
19 a	3-year property									
	5-year property	1								
	7-year property	1								
	10-year property	1								
	15-year property	1								
	20-year property	1								
	25-year property	1		25 yrs			S/:	<u> </u>		
	Residential rental			27.5 yrs	N	M	S/:		1	
•	property			27.5 yrs		M	S/:			
 :	Nonresidential real			39 yrs		M	S/:		+	
•	property .			33 <u>Y13</u>		M	S/:			
		A anata Diagoni	n Service During 2009 T	v Voor I Icina ti					tem	···
		- Assets Placed II	1 Service During 2009 1	ax rear Using ti	TE AILEIT	lative Dep	S/:			
	Class life			10					+	
	12-year			12 yrs	 	n.	S/:			
	: 40-year	1		40 yrs	1 I	M	S/	<u>. </u>		.
	N Summary (See I								Γ	120
	Listed property. Enter amo				_			21	_	130.
	Total Add amounts from line 12, the appropriate lines of your retuines	rn Partnerships and S o	corporations — see instruction	\$.	re and on			22	ļ	3,601.
23	For assets shown above a the portion of the basis at	and placed in servion bributable to section	ce during the current yea n 263A costs	ar, enter	23					,

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

columns	(a) inrough (c)	of Section A	A, all of Section B, a	ina Section C if app	ilcable						
Section	n A – Deprecia	tion and Oth	er Information (Cau	ition: See the instru	ictions for limi	its for pa	sseng	er automobile	es)		
24 a Do you have evidend	e to support the bus	siness/investm	ent use claimed?	X Yes	No 24b If Yes	s,' is the ev	ridence v	written?	X	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed In service	(C) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g Meth Conve	od/	(h) Depreciation deduction		Ele secti	(i) ected on 179 ost
			d listed property pla s use (see instruction		g the tax year	and	25				
26 Property used r	more than 50%	in a qualified	business use:								
LAPTOP & PRI	4/20/03	100.0	500.	500.	3.0	S/L					
LAPTOP	12/22/03	100.0	1,539.	1,539.	3.0	S/L					
LAPTOP - JEF	8/01/05	100.0	1,000.	1,000.	3.0	S/L					
27 Property used 5	50% or less in a	qualified bu	siness use:			-					
	:										
28 Add amounts in	column (h), lin	es 25 throug	h 27. Enter here an	d on line 21, page	1		28	13	0.		
29 Add amounts in	column (ı), line	26 Enter h	ere and on line 7, p	age 1					29		
			Section B - Info	rmation on Use of \	/ehicles						
Complete this section to your employees, fi		•		•							ncles
									\neg		

30	Total business/investment miles driven during the year (do not include commuting miles)	(a Vehi	-	(b Vehi		Vehi	c) icle 3	Vehi	l) cle 4	Vehi		(1 Vehi	
31	Total commuting miles driven during the year							·					
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year Add lines 30 through 32												
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?								<u> </u>				
35	Was the vehicle used primarily by a more than 5% owner or related person?					;							
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

art VI Amortization					
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins durin	g your 2009 tax year (see i	nstructions)			
 Amortization of costs that began before Total. Add amounts in column (f). See 	,		•	43	

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Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24b If 'Yes,' is the evidence written? 24a Do you have evidence to support the business/investment use claimed? No (c) Business/ investment (a) (b) (d) (e) **(f)** (h) (i) Basis for depreciation (business/investment Elected section 179 Type of property (list vehicles first) Date placed Cost or Recovery Method/ Depreciation deduction in sérvice other basis period Convention 1154 use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: LAPTOP - BRE 8/09/05 1.000. 100.0 . 000 . 3.0 S/L LAPTOP - NIC 2/02/06 897. 3.0 897. 100.0 S/L LAPTOP - NAT 2/27/06 100.0 1,180. 1,180. 3.0 S/L Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) (e) (f) (a) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 No Yes No Yes No Yes Nο Yes No Yes No Yes Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (d) **(f)** (a) (b) (c) (e) Description of costs Date amortization Amortizable Code Amortization Amortization period or percentage for this year Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 43

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Total. Add amounts in column (f). See the instructions for where to report

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

	columns	(a) through (c)	of Section A,	all of Sec	ction B, a	and Sec	tion C if	f app	licab	ole		J.100, 1		, c,,,, _ ,	a, 270,	
	Sectio	n A – Deprecia	tion and Othe	er Informa	tion (Cau	ıtion: Se	ee the II	nstru	ictior	ns for lin	nits for p	assen	ger autoi	mobiles)		
248	Do you have evidend	ce to support the bu	siness/investmer	nt use claime	ed? .		Yes		No i	24b If 'Y	es,' is the e	vidence	written?		Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost other b	or	(busines	(e) or deprecia ss/investm se only)		R	(f) decovery period	Met Conve		Depre	(h) eciation uction	Ele secti	(i) ected on 179 ost
25	Special depreci	iation allowance	for qualified				ervice c	durin	g the	tax yea	r and	25				
26	Property used i			· · · · · · · · · · · · · · · · · · ·		<u>.</u>					·				<u></u>	
	INTER/SHRE	1/27/06	100.0		625.		62	25.		3.0	S/L					
-	PIER	5/24/06	100.0	•	650.			50.		5.0	S/L			130.		
											1 - / -					
27	Property used 5	50% or less in a	qualified bus	iness use	:											
						<u> </u>						_				
28	Add amounts in	ı column (h), lın	es 25 through	n 27. Entei	r here ar	nd on lin	ie 21, pa	age	1			28				
29	Add amounts in	column (i), line	e 26. Enter he											29	<u> </u>	
				Section												
	plete this section															ncles
to ye	our employees, f	ist answer the	questions in a	1	1	-		T					r			
30	Total business/ during the year commuting mile	(do not include	es driven e	1 '	a) icle 1	(b Vehi		,	(c) Vehic		(d) Vehic		(€ Vehi	· i	Vehi	
31	Total commuting m	•	he year .													
32	Total other pers	sonal (noncomn	nuting)									·				
33	Total miles driv lines 30 through	ren during the yeh 32	ear Add												<u>.</u>	
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	e used primarily or related pers	by a more on?													
36	Is another vehic personal use?	cle available for	•													
		Section	C - Question	ns for Emp	oloyers V	Vho Pro	vide Ve	hicle	es fo	r Use by	Their E	mploy	ees			
Ansv 5% d	wer these question	ons to determine d persons (see i	e if you meet nstructions).	an except	tion to co	mpletin	g Section	on B	for \	vehicles	used by	emplo	yees wh	no are no	t more	than
37	Do you maintair by your employ	n a written polic ees?	y statement t	hat prohib	its all pe	rsonal u	use of v	ehicl	les, I	ncluding	commu	iting,			Yes	No
38	Do you maintair employees? Se	n a written polic e the instruction	y statement t	hat prohib s used by	its perso corporat	nal use e officer	of vehi	cles,	exc	ept com 1% or m	muting, ore own	by you ers	r			
39	Do you treat all	use of vehicles	by employee	es as pers	onal use	?.								. [
40	Do you provide vehicles, and re	more than five	vehicles to yo	our employ	yees, ob	taın ınfo	rmation	fror	n yol	ur emplo	yees at	out the	e use of	the		
41	Do you meet the Note: If your art	e requirements	concerning q	ualified au									·	ļ		-
D ₂	t VI Amorti		00, 40, 01 41	.5 , 65, 6	20 7,01 00	picie	20011011	, , ,	070		G 70/110/		_	<u>.</u>		
: F - 641	A EF JAINOIL	(a)		T	(b)		(c)		\top	(c	<u> </u>	1	(e)	I	(f)	
	Desc	cription of costs		Date an	nortization egins		Amortizab amount			Co sec	de	Amo	rtization nod or centage		nortization r this yea	
42	Amortization of	costs that begin	ns durina vai	ır 2009 tax	vear (s	ee instri	uctions)	:		•	•	1		<u> </u>	_	
					J \0.								_	<u> </u>		
				1												
43	Amortization o	f costs that beg	an before you	ur 2009 tax	x year	-			,				43			

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Total. Add amounts in column (f). See the instructions for where to report