Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No. 1545-1150

Open to Public

Department of the Treasury

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 20 A For the 2009 calendar year, or tax year beginning 2009, and ending D Employer identification number Check if applicable: Please use IRS 80 0034805 Address change label or Name change Telephone number print or Room/suite Initial return type. (775)329-0180 Terminated See Specific F Group Exemption Amended return Instruc Application pending tions. Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► ☐ if the organization is **not** 11 life bont. com required to attach Schedule B (Form 990, J Tax-exempt status (check only one) —

501(c) (3)

(insert no.) 990-EZ, or 990-PF). 4947(a)(1) or K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received. 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here N 6 Gross revenue (not including \$ of contributions b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C 6c Gross sales of inventory, less returns and allowances . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 10 Grants and similar amounts paid (attach schedule) . 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Expenses 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Other expenses (describe > Put wall into Zero 6, bought hard 16 16 Total expenses. Add lines 10 through 16 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 898.76 end-of-year figure reported on prior year's return) . 19 Other changes in net assets or fund balances (attach explanation) . 20 20 702.14 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II.) 703.76 507.14 22 Cash, savings, and investments 0 0 23 23 Land and buildings . . 3,195.00 195,00 Competer Equip 24 24 Other assets (describe 848 702.14 25 25 Total assets 26 26 Total liabilities (describe 898. 702.14 76 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

Form 990-EZ (2009)			. 119		Page 2
Part III Statement of Program Service Accommodate What is the organization's primary exempt purpose?	Elvente public a	bort langes o	+ extino	Hequ 501/c	Expenses uired for section (3) and 501(c)(4)
Describe what was achieved in carrying out the org manner, describe the services provided, the number of each program title.				organ	nizations and section (a)(1) trusts; optional
28 Autorio de Begant el cational materiels in a	hore user frien	Ty format	Alag	briefa	2,124.6
29 Put wole Sonaka Into Zeco	includes foreign grants, ch	, ,	· ▶ □	28a	
The state of the s	includes foreign grants, ch	eck here	. •	29a	1,500.0
	to members		atalanan I		167.97
(Grants \$) If this amount 31 Other program services (attach schedule)	includes foreign grants, ch	eck here		30a	
(Grants \$) If this amount 32 Total program service expenses (add lines 28a f Part IV List of Officers, Directors, Trustees, and Key			b	31a 32	3,791.9
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	ns to plans &	(e) Expense account and other allowances
fero, NV 89509	60 hors week	0	0	deed Ment	0
Largererite, GA30045	5 hour lurck	0	0	Jego Jego	0
Las Vegas NV 89108	1 horriver	0	0	aci) to theus i	0
29602 Martella, Malaga, Spain	1 harlwerk	0	0	over a	0
Hayeveld 37	I how I week	0	0	direc	0
B-9320 Erem bodegem, Brigin			on abood to	1200	7a - Gros
27.27.53			oue (december) oue (december)	0.01	990 8
TEXTINE TO DESCRIPTION		. Harrison wares	serio en la	onne	01 Bene
TO STATE OF THE ST			her compar		T 12 Salm
25 145 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Mer. Mer.	runtao rg .gr	ming at B
TO TO TO THE TOTAL THE TOT		and referen	Messereddin FohAlessii Barrondinas		16 Volte
			uci bruf re-	asota	g 19 Net a
2			ges in cere or fund bara	21882	20 Office 21 Net
23-086 mm No breign 0972		1 4.2 may b	Shaate in	-	Nes (i) sev

Form 990-EZ (2009)

26 Total lia

Part	Other Information (Note the statement requirements in the instructions for Part V.)	100	rage o
97,171	Cols erganizations as Leas anotissinapre (S)	108.7	Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Y
	description of each activity	33	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of		X
	the changes	34	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		X
YOU LE	6033(e) notice, reporting, and proxy tax requirements?	35a	/
36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	00	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	36	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	370	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	- 12	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	RP-ED	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	444	
	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	101	X
		40b	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,		
	4955, and 4958	LOUI	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		
	reimbursed by the organization		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		
	transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. None - Nevala loss of regula the	sre	turn
42a	The organization's books are in care of ► Encline Telephone no. ► [7]	5)3	29-0181
	Located at > 3550 w. flumblane Fine, NV ZIP+4 > 895	.09	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes No
	If "Yes," enter the name of the foreign country:	42b	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	×
	If "Yes," enter the name of the foreign country: ▶	120	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •
	and enter the amount of tax-exempt interest received or accrued during the tax year		21
	Net assets or	R	
Z his	mini and beday por harvest		Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		
45	Form 990-EZ	44	×
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		V
	163, 1 om 550 must be completed instead of Form 390-EZ	45	

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) none .7(a)(1) nonexempt char d 51.	xempt charita table trusts mu	ble trusts only. A st answer question	Il sectio ns 46–4	n 19b	
46	Did the organization engage in direct or indirect				Ye	es No	
	candidates for public office? If "Yes," complete S				46	X	
47	Did the organization engage in lobbying activities				47	X	
48	Is the organization a school as described in section				48	3	
49a	Did the organization make any transfers to an exc				49a	1	
50	If "Yes," was the related organization a section 5. Complete this table for the organization's five high	27 organization?	voca (ather then	officers directors	49b	and Isa	
00	employees) who each received more than \$100,0	200 of compensation from	the organization	If there is none en	ter "None	and key	
	The second was the second	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exp	pense	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	- Million III	employee benefit plans & deferred compensation	accour other allo		
30	None		o movemnitina	ount of toldical extend	other dire		
	018		- 081 Fe	road zation, file, Equ	ad the		
	ASSESS TO BE AND ADDRESS OF THE PARTY OF THE		7,1-20-11	egenization be/	sity bid	1080	
			2 b - 32 .	To plable parel	any such		
			M	complete.Schedus			
			144444	stasining to (V) (office	Holloss	39	
			- apalathan	fices and capital co			
			1. 2 18 619	respectable of	5148018		
f	Total number of other employees paid over \$100		5	N. M. STIPLES (MAIRS)	A MORESE	1301 003	
	(a) Name and address of each independent contractor p		(b) Ty	pe of service	(c) Compe	nsation	
	Nose		Pani	01 bile (\$(e)103-	noise	b	
	200	100 00 8 184 8 3	FunRuben	identifications. At any in	ispis lia	6	
	ith 122 man -			or (If "Yeq," c. mo states with which a	transacti List the	41	
	121 (217.3) 4 Marie 1966 (217.5) 3.2M		10 areas 110 a	intation's books an			
aw la	PART Modus val		dar yee	ne during the cale	At any ti over a fi	d	
d	Total number of other independent contractors ea	ach receiving over \$100,00	00 ▶()	account waste		
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of	d this return, including accompany of preparer (other than officer) is b	ying schedules and st ased on all informatio	atements, and to the bes n of which preparer has a	t of my kno any knowled	wledge dge.	
Sign Here	No. 14, 2010						
	Signature of officer Eric Klien President Type or print name and title						
Paid	Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying num	ber (See inst	ructions)	
Prepare Use On	Firm's name (or	1	El	N • none no. •	Form 99 Is any re	45	
May the	e IRS discuss this return with the preparer shown	above? See instructions		n ded tarim be or	Yes	No (2009)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Februat Foundation 80 0034805 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes

Total

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.)

-	tion A. Public Support	,		1 1 1 1 1 1 X				
Ca	alendar year (or fiscal year 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 any "unusual grants.")	4,302	8,598	66,504	43,960.81	24,366.	147,730.85	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	242	393.91	421.27	1,329.22	2,386.40	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Ō	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	25,695		
6	Total. Add lines 1 through 5	4,302	8,840	66,897.9	1 44,382.0	8 150000	150,117.2	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	5,000	30	500	5530	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	5,190,80	0	0	D	5,190.80	
C	Add lines 7a and 7b	0	5,190,80	5,000	30	500	10,720,80	
8	Public support (Subtract line 7c from line 6.)						139,396.49	
Sec	tion B. Total Support	,						
9 9	Amounts from line 6	(a) 2005 4,302	(b) 2006 8, 84-0	(c) 2007 66,897.9	(d) 2008 1 44, 382.08	(e) 2009 25 645.	(f) Total 26 150,117,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	68	11 1.96	105.95	100.09	386	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	ð	0	0	
C	Add lines 10a and 10b	0	68	111.96	105, 95	100.09	386	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	Ó	O	0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,302	8,908	67,009.87	44,488.03	25,795.35	150,503.2	
14	First five years. If the Form 990 is for organization, check this box and stop	here						
Sec	tion C. Computation of Public Su	pport Perce	ntage			44	1.2	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column		15 92. 16 92.	54 %	
Sec	tion D. Computation of Investmen					Α.	^ 2	
17						0.1	03 %	
18	Investment income percentage from 2008 Schedule A, Part III, line 17							
19a	17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization >							
b	33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐							
20	Private foundation. If the organization	aid not check	a box on line 1	4, 19a, or 19b		ox and see insteadule A (Form 990		