Mailed 4-26-12

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

Open to Public Inspection

	A For the 2009 calendar year, or tax year beginning . 2009, and ending . 20						
A Fo	or the	2009 calend		,	D Employ	er ide	ntification number
<u>В</u> ст	neck if ap	pplicable.	Preuse C Name of organization Use IRS / - A V 10 MI COLI M TO	r.	7,7	_ 15	772201
=	daress C	-	(<u>U</u> .	E Telephi		344204
=	ame cha	_	nnt or Number and street for P.O. box, if mail is not delivered to street a	(Room/suite	L relepin		43-6637
=	utial retui erminate		see P.C. Box 26		6	> -	1-1000-1
=			Specific City or town, state or country, and ZIP = 6	7.11	F Group	Exem	notion / A
=	mended	on pending	Specific City or town, state or country, and ZIP = 3	64	Numb	oer 🕨	N/A
_				t attach G Acco	unting Met	bod.	X Cash Accrual
,	• Sect	tion 501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts mus a completed Schedule A (Form 990 or 990-EZ).		er (specify)		-
			a completed Schedule A (Form 550 of 550-62).				iration is not
			I have come Oco				ganization is not
	/ebsit		anvillemuseum.Com				nedule B (Form 990,
J Ta	ax-exe	empt status ((check only one) — 🔀 501(c) () ◀ (insert no.) 🔲 4947(a)(1) c		-EZ, or 990		
K C	heck I	▶ ☐ if th	ne organization is not a section 509(a)(3) supporting organization and	d its gross receipts are	normaliy r	ot mo	re than \$25,000. A
· · · ·	orm 9	90-EZ or For	m 990 return is not required, but if the organization chooses to file	a return, be sure to f	le a comple	ete ret	urn.
<u> </u>	dd line	e 5h 6h and	7b. to line 9 to determine gross receipts: if \$500,000 or more, file Form	990 instead of Form 9	90-EZ ►	\$	221,564.
	art I	Revent	ue, Expenses, and Changes in Net Assets or Fund	Balances (See th	ne instruc	tions	for Part I.)
	_		ons, gifts, grants, and similar amounts received			1	75,094.
	1					2	
	2	Program s	service revenue including government fees and contracts			3	
	3		hip dues and assessments			4	368.
	4	Investmer		· i • I		7	200,
	5a	Gross am	ount from sale of assets other than inventory	5a			
	b		t or other basis and sales expenses	5b		_	
	C	Gain or (lo	oss) from sale of assets other than inventory (Subtract line 5	5b from line 5a) .		5c	
e	6	Special ever	nts and activities (complete applicable parts of Schedule G). If any amount is	s from gaming, check he	ere 🕨 🔛		
9	a	Gross rev	renue (not including \$ of contribution	s	/ m		
Revenue	_		on line 1)	6a 14.83	52· _		
-	ь		ect expenses other than fundraising expenses	6b 14 a	13 .		1.40
	C		ne or (loss) from special events and activities (Subtract line	6b from line 6a)		6c	609.
	7a		les of inventory, less returns and allowances	7a 121,6	150		
	1		st of goods sold	7b 72	270		
	b	2000	ofit or (loss) from sales of inventory (Subtract line 7b from li		3 12	7c	48,980.
	C			nc /u)		8	
	8		renue (describe			9	134 041
	9		venue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			10	105,000
	10		nd similar amounts paid (attach schedule)				
	11		paid to or for members			11	17,646.
ខ	12		other compensation, and employee benefits			12	
ns	13	Profession	onal fees and other payments to independent contractors.	5		13	41,093.
Expenses	. 14	Occupan	cy, rent, utilities, and maintenance See .S.ta.te	MERT D		14	16,699.
ŭ	15		publications postage and shipping			15	721.
	16	-	penses (describe > See State M	ient 1)	16	45,791.
	17		penses. Add lines 10 through 16		▶	17	121,450.
	40		or (deficit) for the year (Subtract line 17 from line 9)			18	13. 101.
Net Assets	19	Net asse	ets or fund balances at beginning of year (from line 27, co	niumn (A)) (must ac	ree with		
S						19	278, 734.
¥		•				20	1 2
2	20		anges in net assets or fund balances (attach explanation)			21	291, 235
	: 21	Net asse	ts or fund balances at end of year. Combine lines 18 througe Sheets. If Total assets on line 25, column (B) are \$1,25	gh 20	Form gan		
4	Part I	Balan		ou, July or more, file	Beginning o	111316	(B) End of year
			(See the instructions for Part II.)	IA		$\overline{}$	111 22
2	2 (Cash, saving	gs, and investments				
2	3 L	Land and bu	uildings	٠,٠٠٠ ا		<u>ష్ట్రె.</u>	123 184 335.
2	4 (Other assets	s (describe > Ste Statement	ا (ب		<u> 3.</u>	24 61,478
2		Total assets		6	51511	<u>34</u>	125 291,835
2			ties (describe 🟲) [x	0.	26 0
9	7 1	Net assets	or fund balances (line 27 of column (B) must agree with lin	ne 21)	Γ_{i} $\&$ Γ_{i}	134	27 291,835

	ez (2009) The obstatement requirements in the instructions for Part V.)	Yes No	•
Part1	ez (2009) Other Information (Note the statement requirements in the instructions for Part V.)	Yes No	
22	organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	33 Х	-
34	Were any changes made to the organizing or governing documents.	34 X	-
35	the changes If the organization had income from business activities, such as those reported on lines 2, 52, and 72 (among others), but the organization had income from business activities, such as those reported on form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. In the changes of the change of		
а	Did the organization have unrelated business gross g	35a X 35b N/A	-
ь 36	If "Yes," has it filed a tax return on Form 990-1 for this year. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets Did the organization undergo a liquidation applicable parts of Schedule N	з6 Х	_
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions	37b X	
38a	Did the organization borrow from, or make any loans to, any officer, embedding a prior year and still outstanding at the end of the period covered by this return?	38a)	<u></u>
ь 39	any such loans made in a great year and enter the total amount involved If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A 39b N/A		
a b	Gross receipts, included on line 9, for public use of club facilities Outside Social (2) prospirations. Enter amount of tax imposed on the organization during the year under:	_	
40a	section 4911 section 4912 section 4912 section 4958 excess benefit		
ď	transaction during the year or is it aware that it engaged in an excess benefit transaction to person in a prior year, and that the transaction has not been reported on any of the organization's prior person or 990-E72 if "Yes." complete Schedule L, Part I		<u>Y</u> _
C	organization managers or disqualified persons during the year under sections 4912,		
(the way of her the organization	-	
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelte transaction? If "Yes," complete Form 8886-T.	40e	χ
41	List the states with which a copy of this return is filed.	71-1553 -	-40
42	The organization's books are in care of SuZange Statute MZIP + 4	38564	
	At any time during the calendar year, did the organization have an interest in or a signature of other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes 42b	No
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban and Financial Accounts.	i 1	Υ
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes." enter the name of the foreign country:		/ □
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		
		Yes	No
4	r 000 F7		χ
4	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? "Yes," Form 990 must be completed instead of Form 990-EZ.	45 Form 990-EZ	(2009)

90-EZ (2009)	cod (a)(3) organizations and S		ซสกเล แนรเล	musia	1134101 4		
Sect 501(tion 501(c)(3) organizations and s c)(3) organizations and section 494 complete the tables for lines 50 and	7(a)(1) nonexempt char d 51.	nable truste			Yes	No
ano	Complete the terms	political campaign activity	ties on behal	f of or in	opposition to	46	X
Did the or	rganization engage in direct or indirect set for public office? If "Yes," complete set of the public office?	Schedule C, Part I			· · · · · ·	47	X
candidate	s for public bilice: ii	I samplete Sch	edule C. Pari	(11 · ·	· · · · · . ·	48	Ϋ́
Did the or	Did the organization engage in lobbying activities: In 1997 MANAGER If "Yes," complete Schedule E						
is the orga	Did the organization engage in lobbying activities? If "Yes, complete Schedule E					49a 49b	<u>, </u>
Is the organization a school as described in section 170lb)(1)(A)(III): If the section 2 is the organization a school as described in section 170lb)(1)(A)(III): If the section 2 is the organization and section 527 organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, do not complete this table for the organization. If there is						490	d kev
b If "Yes," \	was the related organization a section :	ighest compensated emp	loyees (other	than off	icers, directors, u	er "None."	,
Complete	was the related organization a section of the ethic table for the organization's five his who each received more than \$100.	000 of compensation fro	m the organiz	ation. II	there is notice, ent	(e) Exper	nse
employee	es) who each received more than \$100	(b) Title and average	(c) Compe	, ISELIO	more penetit plans &	account other allow	anc
(a) Name a	and address of each employee paid more than \$100,000	hours per week devoted to position	1	!	deterred compensation	other allow	anco
		••					
						1	
	·····						
			1			1	
,		!			_		
					_	<u> </u>	
		1					
51 Compl \$100,0	number of other employees paid over \$- lete this table for the organization's fix 000 of compensation from the organiza	re highest compensated trion. If there is none, enti	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, enti	independent er "None."		tors who each re	(c) Comp	
51 Compl \$100,0		re highest compensated trion. If there is none, enti	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, enti	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, enti	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, entre	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, entre	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, entre	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, entre	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, entre	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fix 300 of compensation from the organization	re highest compensated trion. If there is none, entre	independent er "None."				
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization (a) Name and address of each independent contra	re highest compensated ation. If there is none, entremediation is not paid more than \$100,000					
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization and Name and address of each independent contractions.	re highest compensated tion. If there is none, entrement of the compensated to the compen	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization from the organization and address of each independent contractions.	te highest compensated ation. If there is none, entrement of the paid more than \$100,000 ctor paid more	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization from the organization and address of each independent contractions.	te highest compensated ation. If there is none, entrement of the paid more than \$100,000 ctor paid more	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization and Name and address of each independent contractions.	te highest compensated ation. If there is none, entrement of the paid more than \$100,000 ctor paid more	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization from the organization and address of each independent contractions.	te highest compensated ation. If there is none, entrement of the paid more than \$100,000 ctor paid more	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Compl \$100,0	lete this table for the organization's fit 200 of compensation from the organization from the organization's fit of the organization from	te highest compensated ation. If there is none, entrement of the paid more than \$100,000 ctor paid more	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Comples \$100,0	lete this table for the organization's fit 200 of compensation from the organization from the organization and address of each independent contractions.	te highest compensated ation. If there is none, entrement of the paid more than \$100,000 ctor paid more	5100,000	(b) T	ype of service	(c) Comp	ensation
51 Comples \$100,0	lete this table for the organization's fit 200 of compensation from the organization from the organization's fit of the organization from	tion. If there is none, entremental the state of the stat	\$100,000 companying scr ficer) is based or	(b) T	ype of service	te best of my	ensation knowled wiedge.
d Total Sign	Idete this table for the organization's five 200 of compensation from the organization of compensation from the organization of the organization o	tion. If there is none, entremental the state of the stat	5100,000	(b) To the control of	statements, and to thation of which preparer	te best of my	ensation knowled wiedge.
d Total Sign Here	Interest the table for the organization's final compensation from the organization from	tion. If there is none, entremental the state of the stat	5100,000	(b) To	statements, and to thation of which preparer	te best of my	ensation knowled wiedge.
d Total Sign	Interest the table for the organization's find the organization from the organization fr	tion. If there is none, entremental the state of the stat	5100,000	(b) To the control of	i statements, and to thation of which preparer Date Preparer's identify	te best of my	ensation knowled wiedge.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OME No. 1545-0047 Open to Public Inspection

Department of the Treasury

epartment o temal Rever	nue Service	► Attac	n to Ferni 950 of 7 office				Æ	mployer jele	ntification	number
	organization		Museum		1 C.		6	2:18	<u> </u>	<u>04</u>
	Grai	mule.	ity Status (All organ	pizations	must co	ereigne	this par	t.) See ir	nstructio	ns.
Part I	Reason fo	r Public Char	ty Status (All Olgan	r lines 1	through 1	1. check	only on	e box.)		
he organ	nization is not a	private foundat	tion because it is: (Fo	churches	describs	d in sect	ion 170(ь)(1)(A)(i)	•	
A chibron, contestion 170(b)(1)(A)(ii). (Attach Schedule E.) A school described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter										
The state of the s						()(iii). Enter the				
4 📙	A medicai rese bospital's name	e city, and state								oit described in
5 🔲	An organization	operated for th	e benefit of a college	or univer	sity owne	ed or ope	erated by	a govern	mentai u	init described
	486(1.)	AANANIAN (Comp	Mata Part II I							
				al unit de	scribed I	n secuor	i i i oloji	and mait o	r from the	e general public
7 🗆	An organization	n that normally rection 170(b)(1)	eceives a substantial (A)(vi). (Complete Pai	part of its rt II.)	support	iioiii e gi	overme	ntai uint o	11011	o gonzan per
8 🗔	A community 1	trust described i	n section 170(b)(1)(A	.)(VI). (COI	mplete Pa	art II.)	contribut	tions mer	nbership	fees, and gross
9 💢	An organizatio	n that normally r	eceives: (1) more than	33/3 % 0	or its supp	rtain eve	eptions,	and (2) no	more th	nan 33% % of its
,									11 tax) 1	from businesses
	acquired by the	ne organization a	atter June 30, 1975. 5	off Secur) 11 202(a)	(_). (_ 0		,		
				. sa toot f	ar aublic	catety 5	iee secu	שוצטכ חם	(4).	
10 U	An organization	on organized an	d operated exclusively do operated exclusive	ly for the	benefit	of, to pe	rform th	e function	is of, or	to carry out the
11										
	509(a)(3). Che	eck the box that	describes the type of	i support	ing organ	nzanon a				Type III-Other
	_		11	1 Time	. IIIEuroci	นดกลแบ เก	neoratec		u	Type III. Caller
е 🗌	By checking	this box, I certi	fy that the organization managers and other	on is not	controlle	ed directi oublicky s	y or indi	i organiza	tions des	scribed in section
	persons other	than foundation	managers and other	man one	Or more	publicly c	· · · · ·	- J		
	509(a)(1) or s	ection 509(a)(2).	a written determination	on from t	he IRS ti	nat it is a	a Type I.	Type II,	or Type	III supporting _
f		aback this boy								🗆
_	Organization,	check this box	the organization acce	pted any	gift or co	ontributio	n from a	ny of the		
9	following per	enne?								Yes No
	(ii) A nerson	who directly or	indirectly controls, e	ither alor	ne or tog	ether with	n person	s describ	ed in (II)	11g(i)
	and (iii) b	elow, the govern	ning body of the supp	ocrted org	ganization	າ?		. .		11g(ii)
	(iii) A family	member of a pe	rson described in (i) a	above?						111g(iii)
	(iii) A 35% C	ontrolled entity (of a person described	in (i) or i	(II) above	? e\			• • •	
<u>h</u>			ation about the suppo	(w) is the C	manization	(v) Did y	ou notify	(vi) t	the	(vii) Amount of
(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) tisted in your the or		the organ	the organization in col. (i) of your		on in col. red in the	support
			above or IRC section (see instructions))	governing	document?	SUDI		U.S	5.?	
			,	Yes	No	Yes	No	Yes	No	
										-
						1	!		!	
				ļ		<u> </u>	!	+	-	
							İ			
				+		1	 			
										<u>i</u>
		-		1	1	T			1	ļ
								<u> </u>	!	
Total							1		<u> </u>	

art	Name (Complete only if you checke	nizations De	escribed in In line 5, 7, 0	or 8 of Part I.)	·		
	(Complete only if you checke	d the box o					
ctic	on A. Public Support Indar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler	ndar year (or liscal year beginning iii)				į	!	
n	sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no					1	
Ė	ax revenues levied for the organization's benefit and either paid to or expended on the behalf						
t	The value of services or facilities jurnished by a governmental unit to the organization without charge						
1 1	Total. Add lines 1 through 3						
1	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)						
	ion B. Total Support						1 (0.77 +-1
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		1			12	_!
12	Gross receipts from related activities, et	c. (see instruct	ions)				tion 501(c)(3)
13	First five years. If the Form 990 is for organization, check this box and stop h	ere	<u> </u>	ond, third, fou	rth, or fifth tax	year as a sec	
Sec	tion C. Computation of Public St	ipport Perc	entage	11 aphress (6)		14	
14	Public support percentage for 2009 (line					15	
15	Public support percentage from 2008 S	chedule A, Par	t II, line 14				heck this box
	33% % support test—2009. If the organization qualifier	es as a publich	√ supported or	ganization .			
	33% % support test - 2008. If the organization que box and stop here. The organization que	ialifies as a pu	iblicly supporte	o organization			
17a	10%-facts-and-circumstances test—2 more, and if the organization meets the organization meets the "facts-and-circu	"facts-and-circ mstances" test	cumstances" te t. The organiza	ist, check this b tion qualifies as	s a publicly supp	ported organiza	ation
b	10%-facts-and-circumstances test—206 more, and if the organization meets the organization meets the "facts-and-circumstances" Private foundation. If the organization of	"facts-and-circ stances" test. T	umstances" tes he organization	st, check this bo qualifies as a pu	ox and stop her ablicly supported	re. Explain in F i organization .	

Schedule A (Form 990 or 990-EZ) 2009

Pari	Support Schedule for Organ (Complete only if you checked	izations Des	scribed in Soline 9 of Par	ection 509(a t l.))(2) 				
Sect	ion A. Public Support				1 7 2022	(*) 2000	(f) Total		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,631.	19,122.	23,030.	44,07C.	85,094.	178,947.		
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	13,028.	19,260.	19,529.	Q8,360.	136,102.	316,279.		
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 expendec on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge	20,659	38.382	. 42.339	172.330	221,196	445, 226		
6	Total. Add lines 1 through 5		1				21.00:		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		5,254	4,358.	16,489.	10,120.	36,721		
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		5,254	14,358	16,489	16120	136,221		
	Add lines 7a and 7b						11/0 000		
8	Public support (Subtract line 7c from line 6.)						1454,005.		
	ction B. Total Support				1-0 0000	(e) 2009	(f) Total		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008				
9	Amounts from line 6	20,654	38,382	142,554	. 1 Pa. 450	991,110	1		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103	174	220	1,156	368	2,021		
b) 1,154	, 36	हे इत्या		
c	A 1.1.0 A 60	103	1714	- 230	7 4134	, Je	U : CX, L : - 1 /		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gair or loss from the sale of capital assets (Explain in Part IV.)						1147.00		
13	Total support. (Add lines 9, 10c, 11,						1493,205		
14	and 12.)								
5	ection C. Computation of Public S								
15 16	Public support percentage for 2009 (line 8, column	(f) divided by	line 13, colur	nn (f))	15	93.0 % 90.52 %		
Se	ection D. Computation of Investm	ent Income	Percentage				711		
17	Investment income percentage for 20	009 (line 10c,	column (f) divi	ded by line 13	3, column (f)).	17	41 %		
18	levestment income percentage from	2008 Schedul	le A Part III. li	ne 17		18			
19	a 331/4 % support tests - 2009. If the o	rganization did shox and stor	d not check the here. The ord	e box on line 1 anization qual	4, and line 15 i ifies as a public	ny supported e	, garner		
!	331/2 Support tests - 2008. If the org	janization did r	not check a box	con line 14 or i roanization qua	line 19a, and iiri alifies as a publi	cly supported o	organization 🕨 🗆		
20		on did not che	ck a box on lir	ne 14. 19a. or	19b. check this	DOX BITO SEE	990 or 990-EZ) 2009		

	Supplemental Information. C	Complete this	part to provi	ide the explai	nations require	ed by Part II,	Page 4
Part IV	Part II, line 1/a or 1/b; and P	art III, line 12.	Provide any	other addition	onal informatio	n. See instru	ctions.
	N/4	••••					••
		••••					
•••••••		••••					
••••					•••••••		
	•	•	••••••				
				··			
	•	·					
					••••		
••••							
•••••							

		·	•••••••				
		•••					
	·····	••••••					•
	•••••	·····	•••••••			••	
	•••••						
			····		.		••••••
		,,,		••••	· · · · · · · · · · · · · · · · · · ·		•••••••
.	•	·			······································		
•••••						•	

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 Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Employer identification number Name of the organization Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants е∐ Mail solicitations Solicitation of government grants f Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 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. (vi) Amount paid to (v) Amount paid to (iv) Gross receipts (iii) Did fundraiser have (ii) Activity (or retained by) organization (i) Name of individual (or retained by) custody or control of from activity or entity (funoraiser) fungraiser listed in contributions? col. (i) Yes No 3 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.

ĺ	more distributions,	omplete if the organization 990-EZ, line 6a. Lis (a) Event #1 **Perutage Day	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ļ		(event type)	(event type)	(tota ridivisor)	10.862.04
1	Gross receipts	10,862.04			
2	Less: Charitable contributions	0.			10.862.04
3	Gross income (line 1 minus line 2)	10,862.04			10,000,07
4	Cash prizes	.0			.0
5	Noncash prizes	.C			
	Rent/facility costs	C			.0
	·	.0			.0
7	Food and beverages	.0			.0_
8	Entertainment	9.376.36			9,376.36
9	Other direct expenses				(4,376.36)
Part	III Gaming. Complete i than \$15,000 on For	the organization answ m 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (e))
anilasau	4. Oznan revenua		biligo, progression and		
+	1 Gross revenue				
cacillada	2 Cash prizes				
<u> </u>					
	3 Noncash prizes				
	Noncash prizes 4 Rent/facility costs				
Direct			□ Yes %	Yes	%
חופנו	4 Rent/facility costs	☐ Yes%	☐ Yes%	Yes	%
Direct	4 Rent/facility costs 5 Other direct expenses . 6 Volunteer labor	☐ No	□ No	☐ No	%
Direct	4 Rent/facility costs 5 Other direct expenses . 6 Volunteer labor 7 Direct expense summary.	No Add lines 2 through 5 in	No coiumn (d)	□ No	\
Direct	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ	. Add lines 2 through 5 in mary. Combine line 1, col	No coiumn (d)	□ No	Yes N
Direct	4 Rent/facility costs	No Add lines 2 through 5 in mary. Combine line 1, column operates to operate gaming activities.	No column (d)	No No	Yes N
9 a b	4 Rent/facility costs	No Add lines 2 through 5 in mary. Combine line 1, column operates to operate gaming activity	No column (d)	No No ates?	Yes N
9 a b	4 Rent/facility costs	No Add lines 2 through 5 in mary. Combine line 1, column operates to operate gaming activity	No column (d)	No No ates?	Yes N

Description of services provided ▶

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

b Enter the amount of distributions required under state law to be distributed to other exempt organizations

☐ Employee

or spent in the organization's own exempt activities during the tax year ▶ \$

Director/officer

17 Mandatory distributions:

retain the state gaming license?

Independent contractor

17a

Form 990 EZ State next 1 - Other	Experses
Description	AMOULT
Program Services Office Expense	13,842 31,949
Office Expense	45,791
Sotal	
Statement 2 - Cuther Description	Assets
Description	Bay Jyr. End 3 yr.
Other Depr. Assets	
Other Depr. Assets	43,416. 43,416
	62,803. 61,478
Statement 3 - Occup	eroy, Rent, Utilities + Ma
Description	Amount
Dipreciation Other Expenses Occupancy	4,C14
CCCL CAMCAD	12,685
- CO opening	16,699.
· · · · · · · · · · · · · · · · · · ·	

Granville Museum, Sic Statement 4	62-1822304
2 Manne	LSC
1. Gross Receipts 121,2 2. Return + allaques 3. Line 7 Len Line 2	121,350
4. Cost of Goods Sold	72,270
5. Gross Profit	48,980
Cost of Goods Sold	
1. Muchandin Puchased 69	,387 ,945 ,062 73270
Statement le Statement le Statement le Arawille Museum Was Ord Preserve history Hrough V He Museum, General store Events promote history educe Hrough Music, Clemonstra and story telling.	ganized to isitors to and events. ations, videos