COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Forest Service Regulatory Roadblocks to Productive Land Use and Recreation: Proposed Planning Rule, Special Use Permits, and Travel Management November 15, 2011

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Greg Mumm
- 2. Name of Organization(s) You are Representing at the Hearing: BlueRibbon Coalition
- 3. Business Address: 4555 Burley Drive, STE A, Pocatello, ID 83202
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

Name/Organization: The BlueRibbon Coalition

Title/Date of Hearing: Forest Service Regulatory Roadblocks to Productive Land Use and Recreation: Proposed Planning Rule, Special Use Permits, and Travel Management, November 15, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

No

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

No

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Executive Director, BlueRibbon Coalition

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

No

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

No (personal), see question i. below (organization)

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

No

Name/Organization: The BlueRibbon Coalition

Title/Date of Hearing: Forest Service Regulatory Roadblocks to Productive Land Use and Recreation: Proposed Planning Rule, Special Use Permits, and Travel Management, November 15, 2011

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

No

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior

(and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

No

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

- (1) Beaverhead County Comm'rs v. U.S. Forest Service; Case No. 10-CV-0068-SEH (D.Mont.) BRC is one of 20 Plaintiffs challenging the Beaverhead-Deerlodge Revised Forest Plan asserting claims under NEPA (complaint filed Dec. 23, 2010)
- (2) Southern Four Wheel Drive Ass'n v. U.S. Forest Service; Case No. 10-CV-0015-MR-DCK (W.D.NC) BRC and two other plaintiffs challenge closure of the Upper Tellico OHV System (Nantahala NF) asserting claims under NEPA and NFMA (complaint filed May 18, 2010)
- (3) Del Norte County, California v. U.S. Forest Service; Case No. 10-CV-2047-JSW BRC is one of 6 plaintiffs asserting violations of NEPA and NFMA against the Six Rivers NF (complaint filed May 13, 2010)
- (4) Russell Country Sportsmen v. U.S. Forest Service; Case No. 08-CV-0064-SEH (D.Mont.) BRC is one of 9 plaintiffs challenging the 2007 "Little Belts" Travel Plan for portions of the Lewis and Clark NF under NEPA, NFMA and the Montana Wilderness Study Act of 1977 (complaint filed Aug. 29, 2008)
- (5) State of Wyoming v. U.S. Dept. of Interior; Case Nos. 07-CV-319-B and 08-CV-004-B (D.Wyo.) BRC was one of four parties joining a petition filed by the State of Wyoming against snowmobile restrictions in Yellowstone and Grand Teton National Parks. Wyoming's petition was filed on Dec. 14, 2007; the motion to intervene by BRC et al was filed Feb. 22, 2008. The petition(s) asserted violations of NEPA and the Yellowstone Park and Park Service Organic Acts.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

No

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Included as attached files:

BRC 2008 990 Form.pdf BRC 2009 990 Form.pdf BRC 2010 990 Form.pdf

Form	990
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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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



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

<u>A</u>	For th	e 2010 calendar year, or tax year beginning and endin	g				
B	Check if applicat	e: C Name of organization		D Employer ident	fication num	ber	
	Addre	BLUE RIBBON COALITION INC					
	Name			82-	<u>0413981</u>	•	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone numb	ber		
	Termi	4000 BOKIET DRIVE	Α	(20	8)237-1	800	
	Amer returr	City or town, state or country, and ZIP + 4		G Gross receipts \$	7	72,8	45.
		CRUDDUCK, ID 03202 - 1921		H(a) Is this a group			
	pendi	F Name and address of principal officer: GREG MUMM		for affiliates?		Yes I	No
		4555 BURLEY DRIVE, STE A, CHUBBUCK, ID 832	202	H(b) Are all affiliates i			No
1 -	Fax∙ex	empt status: 🗶 501(с)(3) 🚺 501(с) () ◀ (insert по.) 🗌 4947(а)(1) or	527	If "No," attach			
J١	Nebsi	te: ► WWW.SHARETRAILS.ORG		H(c) Group exempt	-		.,
			Year o	f formation: 1987			e: TD
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: THE BLUI	CRI	BBON COALI	TION IS	A	
Governance		LEADING ADVOCATE FOR REASONABLE MANAGEMENT (
rna	2	Check this box if the organization discontinued its operations or disposed of					
ove		Number of voting members of the governing body (Part VI, line 1a)		1	1		11
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)					11
80 00		Total number of individuals employed in calendar year 2010 (Part V, line 2a)					<u></u> 7
ritie		Total number of volunteers (estimate if necessary)					50
Activities &	7 2	Total unrelated business revenue from Part VIII, column (C), line 12	•••••	7;		32,8	
Ā	h	Net unrelated business taxable income from Form 990-T, line 34	•••••	71		60,4	
			<u> </u>	Prior Year		ent Year	
	8	Contributions and grants (Part VIII, line 1h)		851,024		18,0	
Revenue		Program service revenue (Part VIII, line 2g)		95,728		$\frac{10,0}{32,4}$	
Sel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,342		2,6	
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,047			<u>33.</u> >
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		954,141		53,0	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		84		$\frac{55,0}{1,0}$	
		Benefits paid to or for members (Part IX, column (A), line 4)		<u>04</u> 0		<u> </u>	00.
10		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		329,303		08,8	
see		Professional fundraising fees (Part IX, column (A), line 11e)	-	<u> </u>		00,0	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 44,931.	-	0	•		0.
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		632,189	A	85,4	<u> </u>
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		961,576		<u>85,4</u> 95,2	
		Revenue less expenses. Subtract line 18 from line 12		<7,435		$\frac{95,2}{42,1}$	
ES C	19		Bea	inning of Current Year			15.>
ets (20	Total assets (Part X, line 16)	Deñ	<u>245,313</u>		ofYear 89,9	<u> </u>
I Net Assets or Fund Balances	21			336,452		23,2	
Net	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		<91,139		33,3	
	irt II	Signature Block		<u></u>		<u>,,,,</u>	<u></u> >
		Ities of perjury, I degrare that I have examined this return, including accompanying schedules and si	tateme	nts, and to the best of i	my knowledne :	and holiof	itie
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			ny kilowiedye a	ano benei,	, it is
	00,100		μαισιι	29/15	1200		
Sigr		Signation of officer		Date			
Her		GREG MUMM, EXECUTIVE DIRECTOR					
TICI		Type or print name and title					
		Print/Type preparer's name Preparer's psignature 0	Da	ate Check	PTIN		
Paid		CHARLES W. CLARK	0	9/15/11 self-emplo			
Prep		Firm's name DEATON & COMPANY, CHARTERED	0.			·····	
Use		Firm's address 215 N 9TH, SUITE A		Firm's EIN 🛌			
		POCATELLO, ID 83201		Phone no	208-232	-5821	5
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Ye		1
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00201		EE SCHEDULE O FOR ORGANIZATION MISSION STATI	ane.				2010)
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Part III Statement of Program Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Object: Concern State Service Accomplishments Image: Concern State Service Accomplishments Image: Concern State Service Accomplishments Object: Concern State Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Object: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concern Service Accomplishments Image: Concer		990 (2010) BLUE RIBBON COALITION INC	<u>82-0413981</u> Pag
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4e Total program service expenses ► 636,430. 32002 Form 990 (201 2-21-10 SEE SCHEDULE O FOR CONTINUATION(S) 2 2		· - ·	
Form 990 (201 SEE SCHEDULE O FOR CONTINUATION(S) 2)
SEE SCHEDULE O FOR CONTINUATION(S) 2	4e	Total program service expenses ► 636,430.	
SEE SCHEDULE O FOR CONTINUATION(S) 2			Form 990 (20
2	32002 2-21-1	SEE SCHEDULE O FOR CONTINUATION	
	500		ION INC 4913

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		r —	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	_X_	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	A		
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	, iu		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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	11c		х
Ы	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			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		Δ.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
10-		1 11	·	<u>A</u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schodulo D. Parts XI. XII. and XIII.	10-	v	
L	Schedule D, Parts XI, XII, and XIII	_12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
D				v
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			77
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			77
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
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		<u>X</u>
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
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

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~	Did the preservation report more than \$5,000 of grapts and other conjutance to conversion and experientions in the		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,	21		<u> </u>
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u>- ~ ~</u>		<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u></u>
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
•	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	19.0		
	instructions for applicable filing thresholds, conditions, and exceptions):	÷ п		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
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		X
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	X	
			ሰሰብ "	

Form 990 (2010)

032004 12-21-10

Form	990 (2010) BLUE RIBBON COALITION INC 82-0413	981	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
ta	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a -	Х	1
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		x
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		· -	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Ì
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ł
11	Section 501(c)(12) organizations. Enter:			Ì
а	Gross income from members or shareholders			ľ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			ľ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Ì
b	Enter the amount of reserves the organization is required to maintain by the states in which the			Ì
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2010)

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Form 990	(2010)
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BLUE RIBBON COALITION INC

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a "No" respons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	•	
	Check if Schoolule O contains a response to any question in this Part VI	Г	v

Check if Schedule O contains a response to any question in this Part VI				Х
tion A. Governing Body and Management				
			Yes	No
Enter the number of voting members of the governing body at the end of the tax year	11			1
	11			
	other			
officer, director, trustee, or key employee?		2		x
of officers, directors or trustees, or key employees to a management company or other person?		3		x
		4		X
		5		X
		_	x	<u> </u>
	1	7a	x	
Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				
	1			
•	,			
		8a	x	
				<u> </u>
	r	00	<u> </u>	
		9		x
				<u></u>
	,		Vee	No
Does the organization have local chapters, branches, or affiliates?	ĺ	10a		X
		10h		
				x
		12a	x	
		124		
		12h	x	
***************************************		12.0	<u></u>	
		120	x	
Does the organization have a written whistleblower policy?			1	
				~
		150	x	
Other officers or key employees of the organization	·····			
If "Yes" to line 15a, or 15b, describe the process in Schedule O. (See instructions.)		100		
		162		x
	ticipation	iua		
		16h		
		100		L
	-			
List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>ID</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) available (or		
	tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 1a Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct sup of officer, directors or trustees, or key employees to a management company or other person? Did the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of th governing body? Are any docisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization have members, stockholders? Dess the organization contemporaneously document the meetings held or written actions undertaken during the by the following: The governing body? Each committee with authority to act on behalf of the governing body? East committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedure governing the activities of such chapters, a and branches to ensure their operations are consistent with those of the organization? Dees the organization have written orginized in thromation and enforces onnuall	tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 1a 11 Enter the number of voting members included in line 1a, above, who are indopendent 1b 11 Did any officed, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustee, or key employee 11 11 Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management compary or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any docisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization nave multipote persons who may elect one or more members of stockholders? Bis the organization nave interporteneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the organization fave waiten policies and procedure	Enter the number of voting members included in line 1a, above, who are independent 1a 11 Enter the number of voting members included in line 1a, above, who are independent 11 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision 3 of the organization delegate control over management duties customarily performed by or under the direct supervision 3 officers, directors trustees, or key employees to a significant diversion of the organization's assets? 5 Dees the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons? 7 Did the organization nave members, stockholders, or other persons? 7 Did the organization nave members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year 7 by the following: 8a Each committee with authority to act on behalf of the governing body? 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing body before filing the form? 11a<	tion A. Governing Body and Management Yes. Enter the number of voting members of the governing body at the end of the tax year 1a 11 Enter the number of voting members of the governing body at the end of the tax year 1a 11 Enter the number of voting members included in line 1a, above, who are independent 1b 11 Up any officer, director, trustee, or key employees have a family relationship or a business relationship. 2 Did the organization delgate control over management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior FOrm 950 was filed? 4 Did the organization have members or stockholders? 6 X Does the organization nave nembers, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year 7b X Did the organization have writt

X Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

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20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	►
	MARY JO FOSTER - 208-237-1008	
	4555 BURLEY DETVE STE & CHUBBUCK TD \$3202	_

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Form **990** (2010)

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Part VII (Compensation of Officers,	Directors, Truste	es, Key Employe	ees, Highest (Compensated
	Employees, and Independe	ent Contractors			

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• 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, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)		
Name and Title	Average hours per	(0		Pos call		app	oly)	Reportable Reportable compensation		Estimated amount of		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Otficer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
SONIA BARTZ	1 00											
PRESIDENT	1.00	X	<u> </u>	X				0.	0.	0.		
NICK HARIS	1 00	~		77					0	0		
VICE PRESIDENT	1.00	A		X	<u> </u>			0.		0.		
PAT HARRIS	1 00	v							0	0		
DIRECTOR	1.00	X				-		0.	0.	0.		
MAUREEN HEALEY	1 00	v		v		l I		0	0	•		
SECRETARY	1.00	X		X				0.	0.	0.		
CHRISTINE JOURDAIN	1.00	x					ļ	0.	0	0		
DIRECTOR JONI MOGSTAD	1.00	<u> </u>	<u> </u>			-		<u> </u>	0.	0.		
-	1.00	x		x				0.	0.	Δ		
TREASURER CRAIG OSTERMAN	1.00	1								0.		
DIRECTOR	1.00	x						0.	0.	0.		
JOHN PARRINELLO	1.00	22						<u> </u>	V•			
DIRECTOR	1.00	x				ļ		ο.	0.	0.		
BILL RUGG									<u>v</u> .	.		
DIRECTOR	1.00	х						0.	0.	0.		
JACK SHEETS												
DIRECTOR	1.00	х						0.	0.	0.		
BOB STEVENSON												
DIRECTOR	1.00	Х						0.	Ο.	0.		
GREG MUMM						<u> </u>						
EXECUTIVE DIRECTOR	40.00			X				67,029.	0.	0.		
					+					<u> </u>		
032007 12-21-10		[i						<u> </u>		Form 990 (2010)		

032007 12-21-10

Form 990 (2010)

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16450915 784236 4913

2010.03050 BLUE RIBBON COALITION INC

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Form 990 (2010) BLUE RIB	BON COAI	LIJ		ON	_11	NC		····	82-0413	981	Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	es, a	nd l	High	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours per			((Pos	C) itior			(D) Reportable compensation	(E) Reportable compensation	Esti amo	(F) mated punt of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other s compensatio	
										. <u></u>	
						_					
										<u>_</u>	
										[
1b Sub-total c Total from continuation sheets to Part VI								67,029.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							no re	67,029.	. 0.		0.
compensation from the organization										1	0 /es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual	•••••						.		3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150),000?	" cor	mple	ete S	Sche	dule	e J fi	or such individual		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors					-			-		_5	x
Complete this table for your five highest con the organization.	mpensated ind	lepe	nde	nt c	ontr	acto	ors ti	hat received more than	\$100,000 of compens	ation fro	em
(A) Name and business								(B) Description of s	ervices C	(C) rvices Compensation	
MOORE, SMITH BUXTON & TUB 950 W. BANNOCK, SUITE 520		5,	II) 8	337	702	2 1	LEGAL SERVIC	ES	206	<u>,170.</u>
							_				
			- 14								
2 Total number of independent contractors (ii \$100,000 in compensation from the organiz	-	ot lin	niteo	o to	thos 1		ted	above) who received m	ore than	Form Of	9 0 (2010)
032008 12-21-10											~~ (2010)

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Form	990	(2010)

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Form 990 (2010) BLUE RIBBON COALITION INC Part VIII Statement of Revenue

82-0413981 Page 9

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> </u> ⊉ 1	1 a	Federated campaigns	1a	38,983.				
and other similar amounts L	b	Membership dues	1b	262,761.				
"alia	с	Fundraising events	1c					
ar		Related organizations						
	е	Government grants (contribut	ions) 1e					
S	f	All other contributions, gifts, gran	ts, and					
t,		similar amounts not included abo	ve 1f	416,354.				
p	9	Noncash contributions included in lines	: 1a-1f: \$	19,284.				
<u>מ</u>	_h	Total. Add lines 1a-1f			718,098.			
				Business Code				
2	? a	BLUERIBBON MAGA	ZINE	541800	32,492.		32,492.	_
۲ Kevenue	b							
nu	с							
ex.	d							
<u>, </u>	е							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			32,492.			
3	J	Investment income (including		· ·				
		other similar amounts)		🕨 📘	684.			684.
4	ŀ	Income from investment of ta	x-exempt bond	proceeds 🕨 🕨				
5	•	Royalties		🕨	310.	310.		
			(i) Real	(ii) Personal			· <u>.</u> .	
6	ia	Gross Rents					. Casa ing	
	b	Less: rental expenses		-		•	14 . A	
		Rental income or (loss)			**		•	
	d	Net rental income or (loss)				·		
7	а	Gross amount from sales of	(i) Securities	(ii) Other		17 E		
		assets other than inventory		2,000.				
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		2,000.				
		Net gain or (loss)		· <u>····· </u>	2,000.			2,000.
8 8	а	Gross income from fundraising						
		including \$						
		contributions reported on line		10 504				
		Part IV, line 18						
3		Less: direct expenses			0.00			
		Net income or (loss) from fund		▶	<873.	<u>></u>		<873.
9	а	Gross income from gaming ac						
	1-	Part IV, line 19						
1		Less: direct expenses						
1		Net income or (loss) from gam Gross sales of inventory, less	-	······································				
	a			527.				
	Ŀ	and allowances						
		Less: cost of goods sold			330.		330.	
	c	Net income or (loss) from sale Miscellaneous Revenu		Business Code			530.	
				Dusiness Code				
11		•		·				
	b						<u>.</u>	
	с 4	All other revenue						
		All other revenue						
12		Total. Add lines 11a-11d			752 041	210	20 000	1 011
		Total revenue. See instructions.		🕨 📔	753,041.	310.	32,822.	_ 1,811.

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Form 990 (2010) BLUE RIBBON COALITION INC Part IX Statement of Functional Expenses

	All other organizations must com not include amounts reported on lines 6b,				
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	4	4		
	organizations in the U.S. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·
5	Compensation of current officers, directors,	60 010	10 012	10 400	10 400
•	trustees, and key employees	69,918.	48,942.	10,488.	10,488
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	188,491.	140,182.	33,922.	14,387
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	100,491.	140,102.	JJ, 744 ·	14,30/
8	and section 403(b) employer contributions)	13,641.	9,685.	2,728.	1,228
9	Other employee benefits	16,771.	11,908.	3,354.	1,228
9 10	Payroll taxes	19,990.	14,193.	3,998.	1,799
11	Fees for services (non-employees):	• • • • • • • •	<u> </u>		±,135
	Management				
	Legal	194,587.	194,587.		- 1. 4
	Accounting	4,800.	19475071	4,800.	
	Lobbying	1/0001	·····	±,000.	<u> </u>
e	Professional fundraising services. See Part IV, line 17				v.
f	Investment management fees				
g	Other	131,402.	131,402.	· · · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion				
13	Office expenses	70,749.	20,552.	38,204.	11,993
14	Information technology	3,174.	3,174.		
15	Royalties		•		
16	Occupancy	27,955.	20,975.	4,814.	2,166
17	Travel	20,865.	17,564.	3,285.	16
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,885.	545.	4,340.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,741.	6,206.	1,748.	787
23	Insurance	3,634.	2,580.	727.	327
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	MAGAZINE PRODUCTION	12,935.	12,935.		
b	UBIT AND OTHER TAXES PA	1,447.		1,447.	
с	SPECIAL EVENT CATERING	231.			231
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	795,216.	636,430.	113,855.	44,931
26	Joint costs. Check here 🕨 🔲 if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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4913___2 2010.03050 BLUE RIBBON COALITION INC

Form 990 (2010)

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Form 990 (
Part X	Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			211,058.	1	175,438.
	2	Savings and temporary cash investments		2	2/0/1000		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			13,039.	4	765.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disgualified persons (as			··· · ···	Ŭ	
	[4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net			* **-	7	
1SS	8	Inventories for sale or use	•••••		1,633.		1,261.
	9	Prepaid expenses and deferred charges			732.	9	610.
	10a	Land, buildings, and equipment: cost or other				Ŭ	
		basis. Complete Part VI of Schedule D	10a	74,696.			
	b	Less: accumulated depreciation		62,826.	18,851.	10c	11,870.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			····	13	••••••••••••••••••••••••••••••••••••••
	14	Intangible assets			-	14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			245,313.	16	189,944.
	17	Accounts payable and accrued expenses	34,558.	17	26,669.		
	18	Grants payable		18			
	19	Deferred revenue			301,894.	19	296,589.
	20	Tax-exempt bond liabilities				20	
5	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Payables to current and former officers, director	s, truste	ees, key employees,	· · · ·		
iabi		highest compensated employees, and disqualified	ed pers	ons. Complete Part II	· · ·		•
-1		of Schedule L			-	22	
	23	Secured mortgages and notes payable to unrela	d parties		23		
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities. Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			336,452.	26	<u> </u>
		Organizations that follow SFAS 117, check he	re 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
and	27	Unrestricted net assets			<117,997.	>27	<u><160,172.</u>
Bal	28	Temporarily restricted net assets		26,858.	28	26,858.	
Б	29				29		
Ë.		Organizations that do not follow SFAS 117, ch		ļ			
٦ د	-	complete lines 30 through 34.					
set:	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			04 400	32	100.01:
-	33	Total net assets or fund balances	•••••		<91,139.		<133,314.
	34	Total liabilities and net assets/fund balances			245,313.	34	189,944.

Form 990 (2010)

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Forn	990 (2010) BLUE RIBBON COALITION INC	82-041	3981	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	75	3,0	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	_ 79	5,2	16.
з	Revenue less expenses. Subtract line 2 from line 1	3	<4	2,1	75.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<9	1,1	<u>39.</u> >
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<13	3,3	14.>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	9 <mark>90</mark> (2010)

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SCHEDULE A
(Form 990 or 990-EZ)

Public	Charity	Status	and	Public	Support
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Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047
2010
Open to Public

	nent of the Treasury 4947(a)(1) nonexempt charitable trust. Open to Public Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection											
Name of	e of the organization Employer identification numb											
		BLUE RI	BBON COALITI	ION IN	IC				8	2-0413	981	
Part I												
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1 🗔	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170)(b)(1)(A)(i).				
2 🗌			70(b)(1)(A)(ii). (Attach Sc									
3 🗌			ital service organization	,		170(b)(1)	(A)(iii).					
4	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 stat								,			
5 🗌	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	/ a govern	mental uni	it describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🗌	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 🗌			eives a substantial part					or from the	general	public desc	ribed i	in
		(b)(1)(A)(vi). (Comple							-			
8 🗌	A community	/ trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizat	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, a	nd gross re	ceipts	from
			nctions · subject to certa									
	income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nization	after June 3	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10 🔛	An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).				
11 🗌	An organizat	ion organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	y supported organiza	ations described in section	on 50 9(a)(1	1) or sectio	on 509(a)(2	?). See sec	tion 509(a)(3). Ch	eck the box	that	
	describes the	e type of supporti <u>ng</u>	organization and compl	ete lines 1	1e through	n 11h.						
	a 🛄 Type	i b	Type II c	с 🗌 Тур	e III - Func	tionally in	tegrated		d] Type III - (Other	
e	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	/ by one o	r more dis	qualified	persons oth	ner tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509)(a)(2).	
f	-		tten determination from 1				, ,					
	supporting o	rganization, check th	nis box								•••••	. 🗆
g	-		organization accepted ar			•						
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below	·	Yes	No
			upported organization?								_	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
			person described in (i) o					• • • • • • • • • • • • • • • • • • • •		<u>11g(iii)</u>		
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
			(iii) Type of	.				())				<u> </u>
••	of supported	(ii) EIN	occontine	(iv) is the c in col. (i) lis	rganization		u notify the ion in col.	(vi) Is organizatio	on in col. I	(vii) An		f
orga	anization		(described on lines 1-9	governing	-	*	support?	(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	.: No			
				165	140	105	140	185	NO	<u></u>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Total

Schedule.	A (Form 990 or 990-EZ) 2010
Part II	Support Schedule fo

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н	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						F
5	The portion of total contributions				-		,
	by each person (other than a				r		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		i •				
6	Public support. Subtract line 5 from line 4.				· · · · · · · · · · · · · · · · · · ·		·
	ction B. Total Support						·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4						
8	Gross income from interest,						·
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			1			
	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						
12	Gross receipts from related activities,	, etc. (see instructi	ions)		·	12	
13	First five years. If the Form 990 is for	r the organization'				n 501(c)(3)	
	organization, check this box and stor	o here				<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (I	line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n <u></u>			
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2010.lf the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check t	his box and stop I	h <mark>ere.</mark> Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2009.If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explain	n in Part IV how the	÷
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	3a, 16b, 17a, or 17	b, check this box a	and see instruction	is ►
					Sche	edule A (Form 990	or 990-EZ) 2010



Schedule A (Form 990 or 990 EZ) 2010 BLUE RIBBON COALITION INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	805,018.	850,706.	894,947.	946,752.	710,649.	4208072.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	805,018.	850,706.	894,947.	946,752.	710,649.	4208072.
7a	Amounts included on lines 1, 2, and		•	•			
	3 received from disqualified persons						0.
ь	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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from tine 6.)			المعروب الم		· · · · ·	4208072.
	tion B. Total Support	4				I	
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	805,018.	850,706.	894,947.	946,752.	710,649.	4208072.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,261.	9,815.	7,941.	6,342.	994.	33,353.
	Unrelated business taxable income	0,201.	<u> </u>	1,2==•	0,542.		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	8,261.	9,815.	7,941.	6,342.	994.	33,353.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is				0,512.		
	regularly carried on	148,099.	140,308.	156,854.			445,261.
	Other income. Do not include gain or loss from the sale of capital	15 560	26 000	00 701	1 0.45	10 704	04 050
	assets (Explain in Part IV.)	15,560.	36,000.	22,721.			94,062.
	Total support (Add lines 9, 10c, 11, and 12.)	976,938.	1036829.	******	954,141.	· · · · · · · · · · · · · · · · · · ·	4780748.
	First five years. If the Form 990 is for	-			•		
<u> </u>	check this box and stop here	ie Current Dev		•••••••		<u></u>	······ >
	tion C. Computation of Publ		V			ł	
	Public support percentage for 2010 (I					15	88.02 %
	Public support percentage from 2009					16	85.80 %
	tion D. Computation of Inves						
	Investment income percentage for 20					17	.70 %
	Investment income percentage from 2					18	.83 %
	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box ar			-			
	33 1/3% support tests - 2009. If the	-					
	line 18 is not more than 33 1/3%, che		-	-		-	
	Private foundation. If the organizatio	n did not check a t	box on line 14, 19a	a, or 19b, check th			
03202:	3 12-21-10			15	Sch	edule A (Form 990	0 or 990-EZ) 2010

2010.03050 BLUE RIBBON COALITION INC 4913___2

Schedule A (Form 990) or 990-EZ) 2010 BLUE	RIBBON	COALITION	INC	82-041398	l Pac
Part IV Supple	emental Information.	Complete this	part to provide the	explanations required b	y Part II, line 10; Part II, line 17a c	or 17b;

and Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER INCOME IS FROM SPECIAL EVENTS AND AUCTIONS.

032024 12-21-10

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16 2010.03050 BLUE RIBBON COALITION INC 4913___2

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

Name	of the	organi	ization
Name	or the	organ	zauon

Organization type (check one):

BLUE RIBBON COALITION INC

82-0413981

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts 1, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE C	Pe	olitical Campaign	and Lobbvi	na Activities	5	OMB No. 1545-0047
(Form 990 or 990-EZ)		2010				
Department of the Treasury Internal Revenue Service	Complet	Open to Public Inspection				
 Section 501(c)(3) org Section 501(c) (othe Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ 	ganizations: Con er than section 50 ations: Complete wered "Yes," to ganizations that ganizations that wered "Yes," to	Form 990, Part IV, line 4, or Fo have filed Form 5768 (election ur have NOT filed Form 5768 (electi Form 990, Part IV, line 5 (Proxy	mplete Part I-C. Parts I-A and C belor rm 990-EZ, Part VI, i nder section 501(h)): (on under section 501	w. Do not complete Pa line 47 (Lobbying Act Complete Part II-A. Do (h)): Complete Part II-	art I-B. ivities), the not comple B. Do not c	en ete Part II-B. omplete Part II-A.
Name of organization), or (o) organiza	tions: Complete Part III.			Employer	identification number
Part I-A Comple	BLUE RI	BBON COALITION I	NC		8	2-0413981
 2 Political expenditure 3 Volunteer hours 	es	ration's direct and indirect politica				
		incurred by the organization und				
 3 If the organization in 4a Was a correction m b If "Yes," describe in 	ncurred a sectio ade? • Part IV.	incurred by organization manage n 4955 tax, did it file Form 4720 f ganization is exempt und	for this year?			Yes No
		by the filing organization for sec)
2 Enter the amount of exempt function act	f the filing organ tivities	ization's funds contributed to oth	ner organizations for s	section 527	.►\$	
line 17b		. Add lines 1 and 2. Enter here ar		•	►\$	
5 Enter the names, ac made payments. Fo contributions receiv	ddresses and en or each organizat ved that were pro	1120-POL for this year? ployer identification number (EIN tion listed, enter the amount paid pmptly and directly delivered to a additional space is needed, provi	 of all section 527 p from the filing organ separate political org 	ization's funds. Also e ganization, such as a s	o which the nter the an	nount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's cor er 0. f d	e) Amount of political atributions received and promptly and directly elivered to a separate political organization. If none, enter -0
·						

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

Schedule C (Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990 EZ) 2010	BLUE R	IBBO	N COALITION	INC	82-0	413981 Page 2
Part II-A Complete if the or	-		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	• • •		·			
A Check if the filing organization if the filing organization in the filing organization in the filing organization is the filing organization in the filing organization is the filin	=		= :			
B Check 🕨 🛄 if the filing organiza	ation checked	box A ar	nd "limited control" pro	ovisions apply.	I	
	its on Lobbyir iditures" mear		nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public o	pinion (grass roots lobbying)		537.	
b Total lobbying expenditures to infl					2,417.	
c Total lobbying expenditures (add	lines 1a and 1b	o)			2,954.	
d Other exempt purpose expenditur					633,476.	
e Total exempt purpose expenditure	es (add lines 1)	c and 1c	i)		636,430.	
f Lobbying nontaxable amount. Ent	ter the amount	from the	e following table in bot	h columns.	120,465.	
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	10 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of lin	e1f)			30,116.	
h Subtract line 1g from line 1a. If zer	ro or less, ente	r-0			0.	
i Subtract line 1f from line 1c. If zer	o or less, enter	· •0			0.	
j If there is an amount other than ze	ero on either lin	ie 1h or l	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?			<u></u>		Yes X No
			raging Period Under	• •		
• •			••	n do not have to comp		
u				s 2a through 2f on pa	ige 4.)	
· · ·	Lobbyin	g Exper	ditures During 4-Yea	ar Averaging Period		• • •
Calendar year (or fiscal year beginning in)	(a) 200	7	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	188,	140.	147,792.	136,129.	120,465.	592,526.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						888,789.
<u>c</u> Total lobbying expenditures	15,	677.	5,265.	9,293.	2,954.	33,189.
d Grassroots nontaxable amount	47,	035.	36,948.	34,032.	30,116.	148,131.
e Grassroots ceiling amount (150% of line 2d, column (e))						222,197.

2,606.

687.

Schedule C (Form 990 or 990-EZ) 2010

4,842.

537

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f Grassroots lobbying expenditures.

1,012.

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Schedule C (Form 990 or 990-EZ) 2010 BLUE RIBBON COALITION INC 82-0413981 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(;	a)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
þ					
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i			<u></u>	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	1
	501(c)(6).		·		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part	rt III-A, li	ne 3 is ar	swered	·
	"Yes."		I		
1	Dues, assessments and similar amounts from members				,
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year				
b	Carryover from last year		1 1		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and $\boldsymbol{\mathfrak{g}}$	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar y additional information.	id Part II∙B,	line 1i. Also	, complete	this part
•••••					

Schedule C (Form 990 or 990-EZ) 2010

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SCHEDULE I)
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(Form 990)

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Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	BLUE RIBBON COALITION INC		82-0413981
Pa	Int I Organizations Maintaining Donor Advised Funds or Other Similar Fi	unds or A	
<u> </u>	organization answered "Yes" to Form 990, Part IV, line 6.		·
	(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		·
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	advised fur	uds
-	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca		
Ŷ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur		•
	impermissible private benefit?	•	·
Pa	IT II Conservation Easements. Complete if the organization answered "Yes" to Form 9	90 Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	, area,	
'		an historical	ly important land area
	Protection of natural habitat		
	Preservation of open space	a certineu fi	Stone Structure
0	• •	form of a se	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		
d	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic s		·
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated I	by the orgar	ization during the tax
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handlir	-	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeme		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements d		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and exp		
	include, if applicable, the text of the footnote to the organization's financial statements that desc	ribes the org	ganization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures,	or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s		•
	historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state		-
	treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public se	rvice, provide the following amounts
	relating to these items:		
	(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 art, historical treasures, or other similar assets for fin	ancial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	:	
а	Revenues included in Form 990, Part VIII, line 1		. ▶ \$
b	Assets included in Form 990, Part X		
.			
LHA 03205- 12-20-	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2010

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Sche	Schedule D (Form 990) 2010 BLUE RIBBON COALITION INC 82-0413981 Page 2							
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	or Other	⁻ Similar As	sets (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that	t are a sig	nificant use of	its collection it	tems
	(check all that apply):							
а	Public exhibition	c	l 🛄 Loan or ex	change progra	ıms			
b	Scholarly research	e	e 🗌 Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	in how they further	the organizatio	on's exem	pt purpose in l	Part XIV.	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?			Yes	No
Pa.	rt IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered "	'Yes" to F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other as:	sets not ir	ncluded		
	on Form 990, Part X?						🗌 Yes 🛛	No 🗌
b	If "Yes," explain the arrangement in Part XIV							
							Amount	
с	Beginning balance					1c		
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	No No
	If "Yes," explain the arrangement in Part XIV.							
Pa	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" to Fe	orm 990, Part I	IV, line 10	•		
		(a) Current year	(b) Prior year	(c) Two year	s back (c	I) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance							
þ	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities					y y si s		
	and programs						-	
f	Administrative expenses					1	· ·	
g	End of year balance							· · ·
2	Provide the estimated percentage of the yea	r end balance held a	as:			······		
а	Board designated or quasi-endowment		%					
Ь	Permanent endowment	%						
с	Term endowment	%						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administer	red for the	organization		
	by:	-				•	Ye	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations							
Ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the					•••••••••••••••••••••••		
Pa	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X, line 10.					
•	Description of investment	(a) Cost or o		t or other	(c) Acc	umulated	(d) Book v	alue
	·	basis (investr	• •	(other)		eciation		
1a	Land							
	Buildings			···· · · ·				
	Leasehold improvements							
	Equipment		r	74,696.		62,826.	11.	870.
	Other	1						
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)			11,	870.

Schedule D (Form 990) 2010

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Schedule D (Forn				COALITION	
Part VII Inv	estments - O	ther Sec	urities. See	Form 990, Part X, li	ne 12.

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(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
) Closely-held equity interests			
) Other			
(A)	****		······································
(B)			
(C)			
(D)			
(E)	·		
(F)			
(G)	····		· · · · · · · · · · · · · · · · · · ·
(H)			
(1)			
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
art VIII Investments - Program Related.			
art vin hivestments - Program Relateu.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value		ethod of valuation: nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin	ue 15.		•
	a) Description		(b) Book value
(1)	<u> </u>	····-	
(2)	- · · · - · · · · · · · · · · · · · · ·	<u> </u>	
(3)		·····	
(4)			······
(5)		·····	
(6)		···	
	·		
(7) (8)			
(9)			
10)		····.	
al. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X	<u>16 15.)</u>	<u></u>	······
(a) Description of liability	k, line 25.	(h) Amount	····
		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
11)			
	ne 25.)		
tal. (Column (b) must equal Form 990, Part X, col (B) lir FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote FIN 48 (ASC 749).	to the organization's financial stat	ements that reports the organization's	ability for uncertain tax positions under
053 20-10			Schedule D (Form 990)

Sche	edule D (Form 990) 2010 BLUE RIBBON COALITION INC				<u>13981</u> Pa	age 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial S	tatements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		753,0	41.
2	Total expenses (Form 990, Part IX, column (A), line 25)				795,2	16.
3					<42,1	75.>
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8					0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		<42,1	75.>
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Rev	enue p	er Return		
1	Total revenue, gains, and other support per audited financial statements			1		0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
с		2c				
d	Other (Describe in Part XIV.)					
	Add lines 2a through 2d			2e		Ο.
з	Subtract line 2e from line 1					0.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
с	Add lines 4a and 4b			4c		0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		0.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses	per Return		
1	Total expenses and losses per audited financial statements			1		0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments					
c	Other losses		:			
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1					0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)					
с	Add lines 4a and 4b			4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					0.
Par	t XIV Supplemental Information					
~						

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2010

D32D54 12-20-10 ,

SCHEDULE G	
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Department of the Treasury

Internal Revenue Service

(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.

2010 Open To Public Inspection

OMB No. 1545-0047

Name of the	organization
-------------	--------------

Name of the organization						Employer ide	ntification number
	BON COALITION IN					82-0413	
Part I Fundraising Activities. required to complete this part.	Complete if the organization answ	vered "Y	'es" t	o Form 990, Part IV, I	line 1	7. Form 990-EZ	l filers are not
 Indicate whether the organization raise a Aail solicitations b Internet and email solicitations c Phone solicitations 	e 🔛 Solicita f 🔜 Solicita	ation of	non-g gover	overnment grants mment grants			
d In-person solicitations			long	evenie -			
 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indiv compensated at least \$5,000 by the compensated at	rt VII) or entity in connection with iduals or entities (fundraisers) pur	professi	ional	fundraising services?	,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or conr contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-			
		Ĭ					
Total 3 List all states in which the organization or licensing.	is registered or licensed to solicit		utions	s or has been notified	d it is	exempt from re	gistration
							······································
LHA Paperwork Reduction Act Notice, se	e the Instructions for Form 990	or 990-	-EZ.			Schedule G (Forn	n 990 or 990-EZ) 2010

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28 2010.03050 BLUE RIBBON COALITION INC 4913____

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	edu art l	le G (Form 990 or 990 EZ) 2010 BLUE R II Fundraising Events. Complete if th	TBBON COALIT	ION INC	82-	-0413981 Page 2
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			DEL AUCTION			col. (c))
еп			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	18,734.			18,734.
	2	Less: Charitable contributions	18,411.			18,411.
	3	Gross income (line 1 minus line 2)	323.			323.
	4	Cash prizes				
ses	5	Noncash prizes				
Expen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Entertainment Other direct expenses				323.
	-	Direct expenses summary. Add lines 4 through				(323)
		Net income summary. Combine line 3, column				0.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or a	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
0		*	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
лu				bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes% └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		•	
		<u></u>				u
9	Ent	er the state(s) in which the organization operat	tes gaming activities:			
а	is ti	he organization licensed to operate gaming ac				
b	lf "N	No," explain:				·····
						····
		re any of the organization's gaming licenses re Yes," explain:				Yes No
-	<u>.</u>	- • <u> </u>	·····			
02202	a	19 11			Sabadula C /E-	rm 800 o- 800 E-7\ 0040
J3208	2 07	-13-11			Schedule G (FO	rm 990 or 990-EZ) 2010

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Schedule G (Form 990 or 990 EZ) 2010 BLUE RIBBON COALITION INC	82-0413981 Page 3
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or othe to administer charitable gaming?	·
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special event	s books and records:
Name 🕨	
Address ►	·
15a Does the organization have a contract with a third party from whom the organization receives gar	ning revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and the amount
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:	
a Is the organization required under state law to make charitable distributions from the gaming proc	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year	lizations or spent in the
Part IV Supplemental Information. Complete this part to provide the explanations required by	Part I, line 2b, columns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide	any additional information (see instructions).
	· · · · · · · · · · · · · · · · · · ·
032083 01-13-11 30	Schedule G (Form 990 or 990-EZ) 2010
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2010.03050 BLUE RIBBON COALITION INC 4913_2

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.



BLUE RIBBON COALITION INC

Employer identification number 82-0413981

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LANDS AND WATERS TO ENHANCE CONSERVATION OF RECREATION OPPORTUNITIES,

NATURAL RESOURCES AND ALL ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING,

BUT NOT LIMITED TO EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS,

ADMINISTRATIVE PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL

PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS, ADMINISTRATIVE

PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL PUBLIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDE HISTORICAL INFORMATION, ADVOCACY TOOLS, LINKS TO CONGRESSIONAL

REPRESENTATION, LINKS TO OTHER ENTHUSIAST ORGANIZATIONS, AND OTHER

EDUCATIONAL MATERIALS.

BRC ALSO MAKES JUDICIOUS USE OF DIRECT MAIL MATERIALS TO EDUCATE,

INFORM AND FACILITATE INVOLVEMENT BY ENTHUSIASTS IN PUBLIC LAND USE

PLANNING PROJECTS.

WE COORDINATE OUR NATIONAL ACTIONS AND OFTEN PARTNER WITH LOCAL, STATE,

OR OTHER NATIONAL ASSOCIATIONS TO MAXIMIZE IMPACT AND ENSURE PRUDENT

USE OF PRECIOUS RESOURCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MEANINGFUL "ON THE GROUND" SOLUTIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 01-24-11

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2010.03050 BLUE RIBBON COALITION INC 4913___2

Name of the organization

e

BLUE RIBBON COALITION INC

Employer identification number 82-0413981

WHERE THERE ARE GAPS IN LOCAL ENTHUSIAST INVOLVEMENT AND WHERE APPLICABLE, THE BLUERIBBON COALITION ACTIVELY AND DIRECTLY ENGAGES IN THOSE PLANNING PROCESSES ON BEHALF OF ITS MEMBERS.

WHERE APPROPRIATE, AND IN FURTHERANCE OF THE EXEMPT PURPOSES OF THE

ORGANIZATION WITHIN THE LEGAL CONFINES OF THE IRS REGULATIONS FOR

501(C)(3) ORGANIZATIONS, THE BLUERIBBON COALITION LOBBIES ON BEHALF OF

ITS MEMBERS ON LEGISLATIVE INITIATIVES AFFECTING RECREATIONAL FUNDING,

RECREATIONAL ACCESS, AND OTHER SIMILAR ISSUES HAVING AN IMPACT ON

RECREATION ON PUBLIC LANDS AND WATERS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE BOARD OF DIRECTORS THROUGH AN ELECTION PROCESS THAT TAKES PLACE AT THE ANNUAL MEMBERSHIP MEETING IN THE FALL OF EACH YEAR. DIRECTORS ARE ELECTED TO THE BOARD ON A ROTATIONAL SCHEDULE DETERMINED BY THE TERM THEY ARE ELECTED FOR AND THE DATE THEY WERE ELECTED.

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS OF THE GOVERNING BODY RELATED TO ARTICLES OF INCORPORATION AND BY-LAWS ARE SUBJECT TO APPROVAL BY VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: FORMAL REVIEW OF THE 990 FORMS PRIOR TO FILING IS CONDUCTED BY THE TREASURER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. THE 990 FORMS (AS FILED) ARE DISTRIBUTED TO THE PRESIDENT OF THE BOARD OF DIRECTORS AND, IN TURN, DISTRIBUTED TO THE 032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) 32 16450915 784236 4913 2010.03050 BLUE RIBBON COALITION INC 4913 2

<u>Schedule O (Form 990 or 990-EZ) (2010)</u>	Page 2
Name of the organization BLUE RIBBON COALITION INC	Employer identification number 82-0413981
REMAINDER OF THE BOARD OF DIRECTORS VIA SECURE WEBSITE.	NO FORMAL REVIEW

IS DONE BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW, DISCUSSION, AND

RESIGINING OF POLICY AT SPRING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE SEARCH AND HIRING PROCESS OF THE CURRENT EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS ASSIGNED A SEARCH COMMITTEE WHOSE EXPECTATIONS INCLUDED RESEARCH ON COMPENSATION FOR SIMILAR POSITIONS IN THE NON-PROFIT SECTOR, BASED ON THE FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE, THE BOARD OF DIRECTORS APPROVED A RANGE OF COMPENSATION. SIMILARILY, THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS EXPECTED TO RESEARCH AND MAKE RECOMMENDATIONS FOR BOARD APPROVAL OF SALARY RANGES FOR THE VARIOUS POSITIONS HELD BY KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE POSTED ON THE BRC WEBSITE AND OTHERWISE MADE AVAILABLE UPON REQUEST. CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE GENERALLY NOT AVAILABLE TO THE GENERAL PUBLIC EXCEPT IN THE EVENT OF REQUEST BY A GRANT APPLICATION, BANKING REQUEST, IN PERIODIC PUBLICATION FOR MEMBER EDUCATION AND/OR AS REQUIRED BY LAW.

Schedule O (Form 990 or 990-EZ) (2010)

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33 2010.03050 BLUE RIBBON COALITION INC 4913_2

Departm	990-T nent of the Treasury Revenue Service			anization Bus (and proxy tax und					OMB No. 1545-0687 2010 Open to Public Inspection for 01(c)(3) Organizations Only
A	Check box if	10,0	Name of organization		changed	I and see instruction	s.)	D Emplo (Emplo	yer identification number lyees' trust, see
	address changed							instruc	
	mpt under section			ON COALITION					2-0413981 ted business activity codes
	501(c)(3) 408(e)	or Type		pom or suite no. If a P.O. bo	-				structions.)
	408(e) []220(e) 408A [530(a)		City or town, state, and	EY DRIVE, NO	• ST	EA		-	
	529(a)			ID 83202-19	921			5418	300
		F Groud	exemption number (S						
at en	and the second			X 501(c) corporation	on [501(c) trust	401(a) trust		Other trust
H Desc	cribe the organizatio	n's prima	ary unrelated business	activity. 🕨 🕴	SEE	STATEMENT	<u> 1 </u>		
		-		an affiliated group or a pare	ent-subs	idiary controlled gro	up? ►	Yes	s 🔀 No
			lifying number of the pa						
_			ARY JO FOS				elephone number 🕨 2		
Parl			te or Business I			(A) Income	(B) Expense	\$	(C) Net
	ross receipts or sale		527						
-	ess returns and allow				1c	52			
					2		7.		
3 G	ross protit. Subtraci	t line 2 m	om line 1c		3	33	0.		330
				orm 4797)	4a 4b				
					40 4c				
				(attach statement)			••		· - ·
					5 6				
				••••••	7				······
				d organizations (Sch. F)	8				· · · · · · · · · · · · · · · · · · ·
			n 501(c)(7), (9), or (17		-				 u
) organization	9			r	
					10				
					11	32,49	2. 12,7	192	19,700.
						52, 7		22.	<u> </u>
						32,82	2. 12,7	/92.	20,030
Part	II Deductio	ns No	t Taken Elsewh	IETE (See instructions f ust be directly connected	or limita	ations on deductio	ins.)	1	
14 (Compensation of off	icers. dir	ectors, and trustees (S	chedule K)				14	17,479.
								15	43,646
								16	
								17	
								18	
								19	4,798.
0 0	Charitable contributi	ons (See	instructions for limitati	ion rules.)		SEE ST	ATEMENT 2	20	0.
							2,098.		······································
				here on return				22b	2,098
						· · · · ·		23	
4 (Contributions to defe	erred con	npensation plans					24	
								25	5,827
								26	
27 E	Excess readership co	osts (Sch	redute J)					27	
8 (Other deductions (at	tach sch	edule)			SEE ST	ATEMENT 3	28	6,648
								29	80,496
10 U	Jnrelated business t	axable in	icome before net operat	ting loss deduction. Subtra	ct line 2	9 from line 13		30	<60,466
				on line 30)				31	
1 2 נ	Jnrelated business t	axable in	come before specific d	eduction. Subtract line 31 (irom line	30		32	<60,466
				ctions for exceptions.)				33	1,000
	Jnrelated busine	ss taxa	ble income. Subtract	line 33 from line 32. If line	33 is gr	eater than line 32, ei	nter the smaller		
	of zero or line 32		<u></u>					34	<60,466.
23701 3-03•11	LHA For Pap	erwork F	Reduction Act Notice, s	ee instructions.	_				Form 990-T (2010
	15 784236				34 BLU		COALITION	INC	4913_

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Form 990-T (2010) BLUE RTBRON COALTTION TNC

Form 990-T (2010		82-041	3981	Pag
	Tax Computation			
	inizations Taxable as Corporations. See instructions for tax computation.			
	trolled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and:			
	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	1		
(1)		J		
b Ente	r organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	J		
(2) /	Additional 3% tax (not more than \$100,000)	J		
c Inco	me tax on the amount on line 34	▶	35c	
	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 fi			
	Tax rate schedule or Schedule D (Form 1041)		36	
37 Prox	y tax. See instructions		37	
	native minimum tax		38	
39 Tota	I. Add lines 37 and 38 to line 35c or 36, whichever applies	••••••	39	
	Tax and Payments		39	• • • • • • • • • • • • • • • • • • • •
	ign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b Uthe	r credits (see instructions) 40b			
	eral business credit. Attach Form 3800	···· ··· ···		
	it for prior year minimum tax (attach Form 8801 or 8827)			
	I credits. Add lines 40a through 40d		40e	
41 Subt	ract line 40e from line 39		41	
42 Othe	r taxes. Check if from: 🔛 Form 4255 🔛 Form 8611 🔛 Form 8697 🔛 Form 8866 💭 Oʻ	ther (attach schedule)	42	
43 Tota	I tax. Add lines 41 and 42		43	
44 a Pavn	nents: A 2009 overpayment credited to 2010			
	estimated tax payments			
o Taxa	Jeposited with Form 8868 44c			
	ign organizations: Tax paid or withheld at source (see instructions) 44d			
е васк	up withholding (see instructions) 44e	4 4 5 6		
	it for small employer health insurance premiums (Attach Form 8941) 44f	1,472.	5.2	
	r credits and payments; Form 2439			
	Form 4136 Other Total 🕨 44g			
45 Tota	i payments. Add lines 44a through 44g		45	1,47
46 Estin	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		46	
	iue. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	
	payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	1,47
	the amount of line 48 you want: Credited to 2011 estimated tax	Refunded	49	1,47
	Statements Regarding Certain Activities and Other Information (see in		10	
	the during the 2010 calendar year, did the organization have an interest in or a signature or other authori	-		Yes
	curities, or other) in a foreign country? If YES, the organization may have to file Form TO F 90-22.1, Rep	oort of Foreign Bank a	na	
2 Financial 2 During the	Accounts. If YES, enter the name of the foreign country here tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? instructions for other forms the organization may have to file.			
If YES, see	instructions for other forms the organization may have to file.			
	amount of tax-exempt interest received or accrued during the tax year > \$			
Schedule	A - Cost of Goods Sold. Enter method of inventory valuation 🕨 N/A			_
1 Inventory	at beginning of year		6	
2 Purchase	107			
	bor from line 5. Enter here and in Part		7	19
	I section 263A costs 4a 8 Do the rules of section 263A (with			Yes
	ts (attach schedule)	•		165
		resale) apply to		
		d to the best of	(loden! !	Line in the second
Sign 🖁	nder penalties of perjury, i declare that I have examined this return, including accompanying schedules and statements, ar mect, and complete. Defiaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	iu to the best of my Know lowledge,	neage and be	ner, it is true,
Here	ANN HUMM NUE TOUS	Ma	y the IRS disc	cuss this return with
	SALATONIC DI EXECUTIVE DI	RECTOR the	· · · _	wn below (see
I	Signature of officer Z Date Title	ins	tructions)?	X Yes I
	Print/Type preparer's name Preparer's signature Date	Check if	PTIN	
D_:.J		self- employed		
Paid	CHARLES W. CLARK WM W. W U9/15/1		P00	052253
Preparer	Firm's name DEATON & COMPANY, CHARTERED	Firm's EIN 🕨		0338741
Use Only	215 N 9TH, SUITE A		04-	0000/41
	•	Discus	200 0	30 5005
		Phone no.		<u>32-5825</u>
23711 03-04-11			Fo	orm 990-T (20
	35			
50915 '	784236 4913 2010.03050 BLUE RIBBON CO	DALITION 1	INC	4913

Description of property										
(1)										
(2)		<u> </u>							-	
(3) (4)							÷			·,
(4)		2. Rent receiv	ved or accru	ed						
(a) From personal proper					nd personal proper	ty fif the peri	centane	3(a) Deductions dire	ctly con	nected with the income
rent for personal prop 10% but not mor	erty is more tl	าอกั		of rent for p	ersonal property ex t is based on profit	ceeds 50%	or if	columns 2(a	ano 2(b) (attach schedule)
(1)					• 10 20002 017 prom					
(7)										
(3)										
(4)										·
Total		0.	Total				0.			
c) Total income. Add totals of	columns 20							(b) Total deductions		
here and on page 1, Part I, line							0.	Enter here and on page Part I, line 6, column (B)	^{1,} ►	
Schedule E - Unrelat				1e (see i	instructions)					
				10 (000)				3. Deductions directly	connect	ed with or allocable
					2. Gross inc	come from		to debt-fin	anced p	(b) Other deduction
1. Description	n of debt-final	nced property			or allocable financed		(a)	Straight line depreciation (attach schedule)		
									Į	' (attach schedule)
(1)]			<u> </u>		
(2)										
(3)										
(4)										······
 Amount of average acquisit 	tion	5 Average	adjusted b	asis	6. Column	4 divided		7. Gross income		8, Allocable deduct
debt on or allocable to debt-fina property (attach schedule)	debt-fina	 Average adjusted basis of or allocable to debt-financed property (attach schedule) 			mn 5		reportable (column 2 x column 6)		(column 8 x total of co 3(a) and 3(b))	
(d)										
(<u>1)</u>							% 			
(2)							%		····· ···	
(3)							<u>//</u>			
(4)						7	/6			
								nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Pert I, line 7, column
Tatala									0.	
Totals						•••••			<u>v.</u>	
<u>Total dividends-received dedu</u> Schedule F - Interest		ies Roval	ties a	nd Ren	ts From Co	ontrolle	d Orga	nizations (coo ir		tions)
	, Annaic		<u>100, u</u>	r	t Controlled O			112410113 (588 1	ISUUC	lions)
4				Exemp	3.		4.	F		6
 Name of controlled organi: 	zauon	2. Employer identification number		ation Net unrelated income Total		of specified	 Part of column 4 that i included in the controlling organization's gross incom 		6. Deductions dire connected with inco	
		num	ber	(toss) (s	see instructions)	рауп	nents made	organization's gross	income	in column 5
(1)					•					
(1)										
(3)										-
(4)				ĺ						
lonexempt Controlled Orga	nizations	}						1		·
7. Taxable Income		t unrelated incom	e (loss)	9 Tot	tal of specified pay	ments	10. Part of r	column 9 that is included	11	Deductions directly con
		(see instructions			made		in the con	column 9 that is included trolling organization's ross income		with income in column 10
							ε			
(1)	1			Ì						
(2)	1									
(3)	~			1						····
(4)										···
<u></u>	I			1			~ hhā	olumns 5 and 10.		
								and on page 1, Part I,	Ente	Add columns 6 and 11. er here and on page 1, P
								8, column (A).		line 8, column (B).
									1	
otals								0.		

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82-0413981

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	• 0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 8 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 28.
Totals	• 0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			1			
(2)						
(3)						- -
(4)						1 .
Totals (carry to Part II, line (5)) >	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7, 	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) BLUE RIBBON						
(2) MAGAZINE	32,492.	12,792.	19,700.	39,350.	17,609.	
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1-5)	32,492.	12,792.				0.
Schedule K - Compensation	n of Officers,	Directors, and	d Trustees (see in	structions)		
1. Name			2. Title	3. Percer time devot	ed to 1 4. Comp	ensation attributable related business

1. Name	2. Title	3. Percent of time devoted to business	 Compensation to unrelated
GREG MUMM	EXECUTIVE DIRECTOR	25.00%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	

17,479.

023731 03-03-11

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BLUE RIBBON COALITION INC

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

ADVERTISING IN THE BLUE RIBBON COALITION MAGAZINE

TO FORM 990-T, PAGE 1

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FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CONTRIBUTION CARRYOVER	N/A	1,72	23.
TOTAL TO FORM 990-T, PAGE 1, L	1,723.		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
		6,64	18.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	6,64	18.

38 STATEMENT(S) 1, 2, 3 16450915 784236 4913 2010.03050 BLUE RIBBON COALITION INC 4913_2

Depreciation and Amortization (Including Information on Listed Property) 990

OMB No. 1545-0172

L

	ment of the Treasury Revenue Service (99)	▶ S	ee separate inst	ructions.	Attaci		•				Attachment Sequence No. 67
Name(s) shown on return				Busin	ess o	r activity to w	hich this form re	tates		Identifying number
	JE RIBBON	COALITION	INC		FOR	M	<u>990 I</u>	PAGE 10)		82-0413981
Pa	t i Election To Exp	pense Certain Proper	ty Under Section 1	79 Note; If yo	u have any lis	sted	property,	complete Pa	art V k	efore yo	ou complete Part I.
	/laximum amount (s										500,000.
	otal cost of section										
	hreshold cost of se										2,000,000.
	Reduction in limitation										
	ollar limitation for tax year	 Subtract line 4 from line (a) Description of pro 		-0 If married filin					cted co		
6		(a) Description of pro	pary		(b) Cost (busir	iess t	ise only)	(0) 216	cied co		
·····											
7 L	isted property. Ente	er the amount from	line 29				7				
	otal elected cost of									8	
	entative deduction.										
10 C	arryover of disallow	ved deduction from	line 13 of your 20	009 Form 456	52					10	· · · · · · · · · · · · · · · · · · ·
11 B	lusiness income lim	itation. Enter the sr	naller of business	s income (not	less than zer	ro) o	rline 5			11	
	ection 179 expense									12	
	arryover of disallow					J	► 13				
<u> </u>	Do not use Part II			· · · · · · · · · · · · · · · · · · ·							
Par		preciation Allowa									
	pecial depreciation							•			
										14	- A-1-
	roperty subject to s									15	
Par	ther depreciation (ii	preciation (Do no	Linclude listed pr							16	
		preciation (DO NO			ction A	.,		<u>.</u>			
17 M	ACRS deductions	for assets placed in	service in tax ve			n				17	7,684.
	you are electing to group a										
		ection B - Assets							ciatio	n Syste	em
	(a) Classification of	of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)		(d) Recovery period	(e) Convent	ion (1)	Method	(g) Depreciation deduction
19a	3-year property										
b	5-year property				1,761.	5	YRS.	HY	នា		1,057.
C	7-year property										
d	10-year property		_								· · · · · · · · · · · · · · · · · · ·
e	15-year property		-			<u> </u>					· · · ·
f	20-year property					-					
<u> </u>	25-year property					+	25 yrs.			S/L	
h	Residential renta	l property	/				27.5 yrs.	MM		S/L	
	·····		/			-	27.5 yrs.	MM		S/L	
i	Nonresidential re	al property	/			+	39 yrs.	MM MM	+	S/L S/L	
••• · · · · · · · · · · · · · · · · · ·	Sec	ction C - Assets Pl		Durina 2010	Tax Year U	sina	the Alter		reciat		
20a	Class life					T				S/L	
b	12-year				······································	1	12 yrs.			S/L	
c	40-year		1				40 yrs.	MM		S/L	
Par		See instructions.)									·····
21 Li	isted property. Ente	er amount from line	28							21	
	otal. Add amounts i		- ·								
	nter here and on the				-	tions	s - <u>see ins</u>	tr		22	8,741.
	or assets shown ab		=	•							
	ortion of the basis a						. 23				
016251 12-21-1	10 LHA For Pape	erwork Reduction	ACT NOTICE, SEE	separate ins	structions. 39						Form 4562 (2010)

16450915 784236 4913

2010.03050 BLUE RIBBON COALITION INC

Form Par	4562 (2010)	BLUE) ty (Include autom						nuters		nerty use	d for e			981	
[Fai	amusement.)	-								-					
	through (c) of :	vehicle for which Section A, all of S	ection B, a	and Sec	ction C il	' applic	able.								nns (a)
	· · · · · · · · · · · · · · · · · · ·	Depreciation an						_	1						
<u>24a </u>	Do you have evidence to	(b)	(c)	n use ci		<u> </u>	<u>Yes (-</u> (e)		24b lf "Y (f)	Γ		ľ		_ Yes _ 	<u> No_</u> (i)
((a) Type of property (list vehicles first)	Date placed in ii	Business/ nvestment percentage	e ot	(d) Cost or ther basis	m	asis for depi usiness/inv use onl	estment	Recovery period	Met	9) hod/ ention	Depre	h) ciation uction	Ele sectio	cted on 179 ost
	pecial depreciation all sed more than 50% in				-			-	-		25				
	roperty used more tha								•••••••	<u></u>	20			I	
20 .			%												
			%	-											····-
			%											1	
27 P	roperty used 50% or l	ess in a qualified I	business u	ise:						•		•			
			%]	S/L -				1	
			%	,						S/L·				1	
			%							S/L -]	
28 A	dd amounts in column	(h), lines 25 throu	ugh 27. En	iter her	e and or	n line 2 ⁻	1, page 1				28				
29 Ad	dd amounts in column	(i), line 26. Enter	here and c	on line 3	7, page ⁻	1							. 29		
lf you	lete this section for ve provided vehicles to y vehicles.		sole propr	ietor, p	artner, o	r other		nan 5%	owner," (•		ng this s	section fo	or
				(;	a)		(b)		(c)	(0	J)	(e)	(f)
	otal business/investment	-		Veł	nicle	Ve	ehicle	<u>v</u>	ehicle	Veh	icle	Vel	nicle	Veh	icle
	ar (do not include comr									<u> </u>					
	otal commuting miles o														
	otal other personal (no riven														
33 To	otal miles driven during	the year.								ŀ					
Ac	dd lines 3 0 through 32														
34 W	as the vehicle availab	le for personal us	e L	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
dı	uring off-duty hours?														
	as the vehicle used pl														
	an 5% owner or relate		·····												
	another vehicle availa														
Answe owner	er these questions to o 's or related persons.	-	estions fo neet an ex	ceptior	to com	pleting	Section	B for v	ehicles us	ed by en	ployee	s who ai	re not m	l l	5%
	o you maintain a writte								-	-				Yes	No
38 Do	nployees? o you maintain a writte	n policy statemer	nt that pro	hibits p	ersonal	use of	vehicles,	ехсер	t commut	ing, by y	our				
	nployees? See the ins														
	o you treat all use of ve													·	
	o you provide more tha														
	e use of the vehicles, a														
	o you meet the require										•••••			·	
	o <u>te: <i>If your answer to 3</i></u> t VI Amortiza tion	37, 38, 39, 40, 014	<u>41 is res,</u>	00_10	it compi	ete Sei	сиоп в ю	or the C	coverea ve	nicies.					
raii	(a) Description of	costs		(b) nortization		(c) Amortiza	able		(d) Code		(e) Amortiza	tion	Ai	(f)	
				egins	<u> </u>	amour	nt		section		period or per		fc	mortization or this year	
42 Ar	nortization of costs th	at begins during y	/our 2010	tax yea	u: 										
				:				_							
40 4.	novination of a state	at hagan hafara	: :		<u> </u>							42			<u></u>
	nortization of costs the										•••••	43 44			•
	otal. Add amounts in c	olumin (I). See the	mstructic		where to	пероп	• • • • • • • • • • • • • • • • • • • •					44		orm 4704	0010
16252	12-21-10						40						F	orm 4562	≤ (2010)
509	915 784236 4	1913		2010	0.030	050		RIE	BON (COALI	TIO	N INC	2	4913_	2

16450915 784236 4913

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Form	8941	Credit for Small Employer Health Insurance Premiums	6	OMB No. 1545-2198
	ment of the Treasury	See separate instructions.		
	l Revenue Service	Attach to your tax return.		Sequence No. 63
Nam	e(s) shown on return		lden	tifying number
	BLUE RTBB	ON COALITION INC	82	-0413981
	DIGE KIDD			
1		individuals you employed during the tax year who are considered employees for dit (see instructions)	-	7
2		full-time equivalent employees you had for the tax year (see instructions). If you entered	` _`	
-		s 3 through 11 and enter -0- on line 12	2	6
3		es you paid for the tax year (see instructions). If you entered \$50,000 or more, skip	·	<u> </u>
•		nd enter -0- on line 12	3	41,000.
4	5	during the tax year for employees included on line 1 for health insurance coverage		
-	• •	rangement (see instructions)	4	16,356.
5		I have entered on line 4 if the total premium for each employee equaled the average		10/0001
Ŭ	•	Il group market in which you offered health insurance coverage (see instructions)	5	22,010.
6		line 4 or line 5		16,356.
7		applicable percentage:		10,550.
'		employers, multiply line 6 by 25% (.25)		
		ployers, multiply line 6 by 35% (.35)	7	4,089.
D		enter the amount from line 7. Otherwise, see instructions		4,089.
9		less, enter the amount from line 8. Otherwise, see instructions		1,472.
		nt of any state premium subsidies paid and any state tax credits available to you for	9	1,4/4.
10			10	
		n line 4 (see instructions)		16 256
		I line 4. If zero or less, enter -0-		16,356.
12		line 9 or line 11	12	1,472.
13		lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included		
		bu paid premiums during the tax year for health insurance coverage under a qualifying		
		tructions)	13	
1 4		full-time equivalent employees you would have entered on line 2 if you only included		2
		on line 13	14	3
15	•	over health insurance premiums from partnerships, S corporations, cooperatives,		
		ee instructions)	15	
16		Partnerships and S corporations, stop here and report this amount on Schedule K;		4 4 10 0
	all others, go to line		16	1,472.
17	•	oyer health insurance premiums included on line 16 from passive activities (see		
18		line 16	18	1,472.
19	-	oyer health insurance premiums allowed for 2010 from a passive activity (see		
20		dit for small employer health insurance premiums from 2011	20	
21	_	20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers,		
	skip lines 22 and 23	and go to line 24. All others, stop here and report this amount on Form 3800,		
			21	1,472.
22	Amount allocated to	patrons of the cooperative or beneficiaries of the estate or trust (see		
			22	
23	Cooperatives, estate	s, and trusts, subtract line 22 from line 21. Stop here and report this amount on		
	Form 3800, line 29h		23	
2 4	Enter the amount you	paid in 2010 for taxes considered payroll taxes for purposes of this credit (see		
			24	26,742.
25	Tax-exempt small em	ployers, enter the smaller of line 21 or line 24 here and on Form 990-T,		
			25	<u>1,472.</u>
LHA	For Paperwork I	Reduction Act Notice, see separate instructions.		Form 8941 (2010)

023001 12-02-10

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41 2010.03050 BLUE RIBBON COALITION INC 4913_2

16450915 784236 4913

Form	9	9	0
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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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



A	For the	2008 calendar year, or tax year beginning a	nd ending		
в	Check if applicable	Please Use IRS C Name of organization		D Employer identific	ation number
	Addres	I abel or DI THE DIDDON CONTINUE ON THE			
	Name change	boing Business As		82-04	13981
	Initial return Termin	See Number and street (or P.O. box if mail is not delivered to street address Instruction 4555 BURLEY DRIVE	s) Room/suite	E Telephone number	237-1008
	— ation □ Amend				1,114,982.
	return ∏Applica	City of town, state of country, and ZIP + 4		G Gross receipts \$	
	tiòn pendin			H(a) Is this a group re for affiliates?	Yes X No
		r Name and address of principal oncer.			uded? Yes No
1	Tax-exe	empt status: 🔀 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🦲 5	27		list. (see instructions)
		e: ► WWW.SHARETRAILS.ORG	2_ 1	H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🚺 Other Þ	L Year		State of legal domicile: ID
		Summary			
0	1	Briefly describe the organization's mission or most significant activities: $[] TH$	E BLUERI	BBON COALIT	ION IS A
Activities & Governance		LEADING ADVOCATE FOR REASONABLE MANAGEN			
Sug	2	Check this box 🕨 🔲 if the organization discontinued its operations or dis	sposed of mor	e than 25% of its assets	3.
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			12
ల ల	4	Number of independent voting members of the governing body (Part VI, line 1	ь)		12
ies	5	Total number of employees (Part V, line 2a)			9
ivit	6	Total number of volunteers (estimate if necessary)			50
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)			154,482.
	b	Net unrelated business taxable income from Form 990-T, line 34			154,482.
				Prior Year	Current Year
iue	8	Contributions and grants (Part VIII, line 1h)		<u>626,915.</u> 265,691.	<u>952,451.</u> 154,482.
Revenue	9	Program service revenue (Part VIII, line 2g)		7,498.	5,677.
Ве	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		194,108.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,094,212.	1,112,610.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,000.	2,240.
		Benefits paid to or for members (Part IX, column (A), line 4)		2170001	272101
ر م		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		340,885.	348,054.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	,890.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		769,511.	766,170.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,131,396.	1,116,464.
	19	Revenue less expenses. Subtract line 18 from line 12		<37,184.	
Assets or	200			Beginning of Year	End of Year
sets	20	Total assets (Part X, line 16)		277,905.	270,350.
t As	21	Total liabilities (Part X, line 26)		356,607.	<u>352,906.</u>
Net /		Net assets or fund balances. Subtract line 21 from line 20		<78,702.	> <82,556.2
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedu and complete. Peclaration of preparer (other than officer) is based on all information of which preparer	es and statements. has any knowledge	, and to the best of my knowled; e.	ge and belief, it is true, correct,
		Auch At The word		Q-72-2	A.
Sig	-	Signature of the signat		Date	9
He	re	Gregory A. Mumm Executive	Sinector	-	
		Type or print name and title	mano		
		Preparer's D Date	e C	heck if Prepar	er's identifying number
Pa	id		/24/09 er	elf- (seé in:	structions)
	eparer's	Firm's name (or DEATION & COMPANY CHARTERED	, 5, 5, 0		
Us	e Only	self-employed), 215 N 9TH, SUITE A		6011 W 2	
		address, and ZIP + 4 POCATELLO, ID 83201		Phone no. Þ 2	08-232-5825
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		18-08 HA For Privacy Act and Paperwork Reduction Act Notice, see th	e senarate in	structions	Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2008) BLUE RIBBON COALITION INC 82-0413981 Page 2
Par	III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	THE BLUERIBBON COALITION IS A LEADING ADVOCATE FOR REASONABLE
	MANAGEMENT OF RECREATION ON PUBLIC LANDS AND WATERS TO ENHANCE
	CONSERVATION OF RECREATION OPPORTUNITIES, NATURAL RESOURCES AND ALL
-	ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING, BUT NOT LIMITED TO
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior 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?
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 517,800 . including grants of \$ 2,240 .) (Revenue \$)
	THE BLUERIBBON COALITION (BRC) MONITORS ISSUES AND INITIATIVES
	AFFECTING RECREATIONAL ACCESS, RECREATION MANAGEMENT AND NATURAL
	RESOURCE CONSERVATION ISSUES AND UTILIZES VARIOUS COMMUNICATIONS
	METHODS TO EDUCATE MEMBERS AND THE PUBLIC.
	THE BRC PROVIDES A ROBUST WEBSITE OF INFORMATION FROM ALL ACROSS THE
	UNITED STATES TO KEEP ENTHUSIASTS ABREAST OF LAND USE ISSUES AND AGENCY
	PLANNING. VISITORS TO OUR WEBSITE HAVE THE ADDITIONAL OPTIONS OF
	SIGNING UP FOR ACTION ALERTS ON ISSUES SPECIFIC TO THEIR AREA OR
	NATIONAL ISSUES, AND THEY MAY SIGN UP FOR OUR RSS FEED FROM
	RECREAATIONAL ACCESS NEWS AND INFORMATION. ALSO AT OUR WEBSITE, WE
	PROVIDE HISTORICAL INFORMATION, ADVOCACY TOOLS, LINKS TO CONGRESSIONAL
4b	(Code:) (Expenses \$ 208,770 • including grants of \$) (Revenue \$)
	THE BLUERIBBON COALITION (BRC) DEVELOPED AND ACTIVELY MAINTAINS A LEGAL
	ACTION PROGRAM TO MONITOR, EVALUATE, AND TAKE APPROPRIATE ACTION ON
	ISSUES AFFECTING RECREATION ON PUBLIC LANDS AND WATERS. THESE
	ACTIVITIES ADVANCE, AND ARE LIMITED BY, THE EXEMPT PURPOSES OF THE
	COALITION. THROUGH OUR LEGAL ACTION PROGRAM, BRC UNIQUELY PROVIDES AN
	AFFORDABLE LEGAL ELEMENT TO OUR ADVOCACY EFFORTS. WHERE APPLICABLE,
	THE PROGRAM INCLUDES A RETAINER COMPONENT, ALLOWING BRC MEMBERS TO
	OBTAIN AN INITIAL REVIEW OF THEIR CASE WITHOUT CHARGE, ALONG WITH THE
	CAPABILITY TO ENTER ADMINISTRATIVE APPEALS AND LITIGATION AT AFFORDABLE
	RATES.
4c	(Code:) (Expenses $104, 682$ · including grants of $)$ (Revenue $)$
	THE BLUERIBBON COALITION PUBLIC LANDS DEPARTMENT MONITORS AGENCY
	ADMINISTRATIVE RECREATIONAL ACCESS PLANNING ACTIVITY ACROSS THE COUNTRY
	AND SEEKS TO FACILITATE LOCAL MEMBER AND ENTHUSIAST INVOLVEMENT IN
	THEIR LOCAL PLANNING EFFORTS. THIS ACTIVITY INCLUDES BUT IS NOT
	LIMITED TO, SUCH EFFORTS AS PROVIDING SEMINARS, ACTIVELY HELPING
	MEMBERS AND MEMBER ORGANIZATIONS UNDERSTAND AND NAVIGATE THROUGH THE
	COMPLICATED PLANNING PROCESS, CONSULTING WITH THECHNICAL EXPERTS AND
	SCIENTISTS ON RECREATION AND RESOURCE MANAGMENT ISSUES, HOSTING A
	LETTER GENERATOR ON OUR WEBSITE AND ON OTHER ENTHUSIAST WEBSITES TO
	HELP PEOPLE PROVIDE MEANINGFUL COMMENT AND PUBLIC INPUT TO AGENCIES,
	MEDIATING DIFFERENCES BETWEEN VARIOUS AND DIFFERING RECREATION
	INTERETS, AND HELPING RECREATION ENTHUSIASTS TO WORK TOGETHER TOWARD
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶\$ 831,252 . (Must equal Part IX, Line 25, column (B).)
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Form	000	(2000)
Form	990	(2008)

BLUE RIBBON COALITION INC

Par	t IV Checklist of Required Schedules			
<u></u>			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	Х	
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		X
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		Х
6	Did the organization maintain any donor advised funds or any 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		X
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	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		_	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? 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 more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? 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, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

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BLUE RIBBON COALITION INC Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			para ang ang ang ang ang ang ang ang ang an
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
Ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		X
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		X
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		X
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		X

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Form 990 (2008) BLUE RIBBON COALITION INC 82-0413981 Page								
Par	tV Statements Regarding Other IRS Filings and Tax Compliance							
_				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of							
	U.S. Information Returns. Enter -0- if not applicable	1a1	1					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u>0</u>					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming						
	(gambling) winnings to prize winners?		1c	X				
2a	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	9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	<u>X</u>				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a	X_				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4 a	-	X			
b	If "Yes," enter the name of the foreign country: ►							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign I	3ank and						
	Financial Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X			
С								
	Tax Shelter Transaction?		<u>5c</u> 6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
-	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		7a		X			
	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?		7c		x			
Ы	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 premiums on a p							
C	benefit contract?		7e	1000-0000	X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti				X			
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				X			
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				X			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec							
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or							
	excess business holdings at any time during the year?		8		Х			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?		9a		X			
b	Did the organization make a distribution to a donor, donor advisor, or related person?				Х			
10	Section 501(c)(7) organizations. Enter: N/A							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter: N/A	1 1						
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		n anarata			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year \dots N/A	12b						
			Form	990	(2008)			

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	Internal Revenue Code.)						
Sec	tion A. Governing Body and Management						
				<u></u>	Yes	No	
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	e the o	circumstances,				
	processes, or changes in Schedule O. See instructions.		1	1 0			
_	Enter the number of voting members of the governing body	1a		<u>12</u> 12			
Ь	Enter the number of voting members that are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					X	
•	officer, director, trustee, or key employee?			2		<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under th					x	
	of officers, directors or trustees, or key employees to a management company or other person?				X		
4	Did the organization make any significant changes to its organizational documents since the prior Fo					X	
5	Did the organization become aware during the year of a material diversion of the organization's asset				Х		
6 7-	Does the organization have members or stockholders?			0	<u></u>	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me			7a	Х		
Ь	governing body?				X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			/D			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	g the year				
_	by the following:			9-	X		
a L	The governing body? Each committee with authority to act on behalf of the governing body?				X		
b On					- 11	X	
9a	Does the organization have local chapters, branches, or affiliates?			9d			
Ь	and branches to ensure their operations are consistent with those of the organization?			9Ь			
10	• •			90			
10							
11	describe in Schedule O the process, if any, the organization uses to review the Form 990 1 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11		x	
Sec	tion B. Policies	•••••	<u></u>			1	
000					Yes	No	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X		
	Are officers, directors or trustees, and key employees required to disclose annually interests that co						
U	to conflicts?	na gr	130	12b	x		
с		"Vac '	" describe				
Ŭ	in Schedule O how this is done			12c	х		
13	Does the organization have a written whistleblower policy?					X	
14	Does the organization have a written document retention and destruction policy?					X	
15	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:						
а	The organization's CEO, Executive Director, or top management official?			15a	X		
Ь	Other officers or key employees of the organization?				X		
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			16a		X	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate	its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	aniza	tion's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure	-					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IDAHO, WASHIN	IGT(N				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-			ilable for			
	public inspection. Indicate how you make these available. Check all that apply.						
	X Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest poli	icy, and fina	ancial		
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	ind re	cords of the org	anization: 🖡	▶		
	<u>MARY JO FOSTER - 208-237-1008</u>						
	4555 BURLEY DRIVE, CHUBBUCK, IDAHO 83202						
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	6						

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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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 not compensate any officer, director, trustee, or key employee.

(A)	(B)		1001		2)	/,	1310	(D)	(E)	(F)
Name and Title	Average	, .		Posi				Reportable	Reportable	Estimated
	hours per		necr		Inat	app	iy)	compensation from	compensation from related	amount of other
	week	Individual trustee or director				g		the	organizations (W-2/1099-MISC)	compensation from the
		stee o	rustee	'		pensat		organization (W·2/1099-MISC)	(00-2/1099-00130)	organization
		dual tru	nstitutional trustee		nploye	st com	L			and related
		Indivic	Institu	Officer	Key employee	Highest compensated employee	Forme			organizations
CHRIS COOK										
DIRECTOR	0.00	Х						0.	0.	0.
NICK HARIS										
DIRECTOR	0.00	X					 	0.	0.	0.
MAUREEN HEALEY									-	
DIRECTOR	0.00	X			ĺ			0.	0.	0.
CHRISTINE JOURDAIN								_		
DIRECTOR	0.00	X						0.	0.	0.
CRAIG OSTERMAN										
DIRECTOR	0.00	X						0.	0.	0.
JOHN PARRINELLO	0.00							0	0	
DIRECTOR	0.00	X						0.	0.	0.
BILL RUGG	0.00	17						0	0	0
DIRECTOR JACK SHEETS	0.00	X						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0
BOB STEVENSON	0.00	<u> </u>						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
SONIA BARTZ	- 0.00	A						· · ·	0.	<u> </u>
PRESIDENT	0.00			x				0.	0.	0.
PAT HARRIS	- 0.00			11		-	-			
SECRETARY	0.00			x				0.	0.	0.
JONI MOGSTAD										
TREASURER	0.00			X				0.	0.	0.
GREG MUMM										
EXECUTIVE DIRECTOR	40.00					Х		79,962.	0.	0.
			-		-	-				
		-	-			-	-			
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Par	t VII Section A. Officers, Directors, Tru		mple	oyee			High	est		ees (continued)	_	
	(A) Name and title	(B) Average hours per week	Individual trustee or director	Institutional trustee	Pos	C) ition that			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	(F) Estima amoun oth compen from organiz and re organiz	ated nt of er sation the cation lated
							-					
1b	Total								79,962.		0.	0.
2	Total number of individuals (including those compensation from the organization Did the organization list any former officer.		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>				▶ Ye	0 s No
4	line 1a? <i>If</i> "Yes," complete Schedule J for s For any individual listed on line 1a, is the s and related organizations greater than \$15	such individua um of reportat	l ole c	omp	ens	atio	n an	d of	her compensation from	the organization	3	X X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	accrue compe	ensa	tion	fron	n an	y un	rela	ted organization for serv	ices rendered to		X
1	tion B. Independent Contractors Complete this table for your five highest co the organization.	mpensated ir	ndep	end	ent	cont	tract	ors	that received more than	\$100,000 of comp	ensation fron	n
	(A) Name and business	address							(B) Description of s	services	(C) Compensa	ition
2	Total number of independent contractors	including thos	se in	1) w	/ho i	rece	ived	ma	re than \$100,000 in con	npensation		
	from the organization 🕨	0									Form 99	0 (2008)
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				RIBBON CO	OALITION	INC		82-0413	981 Page 9
Pa	rt V		Statement of Reven	ue					
						(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		b d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 2 1c 1 1d 1 ons) 1e is, and 1 /e 1f 6 1a-1f: \$	36,110.	952,451.			
Program Service Revenue		b	MAGAZINE		Business Code 541800	154,482.		154,482.	
Progra		e f	All other program service reve Total. Add lines 2a-2f	nue	>	154,482.			
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	roceeds	5,677.	5,677.		
Other Revenue	6	a b c	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
	8	d a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). Seea					
ō	9	с	Net income or (loss) from func Gross income from gaming ac Part IV, line 19	draising events ctivities. See	····· ►				
	10	c a b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ning activities returns a b	▶ 2,372. 2,372.				
	11		Net income or (loss) from sale Miscellaneous Revenu	le	Business Code				
	12	е	All other revenue		Dr. and ita	1,112,610.	5.677	154,482.	. 0.
8320 02-0			Total Revenue. Add lines 1h, 2g, 3,	<u>4, 5, 60, 70, 80, 90, 10</u>	Ju, and 11e 🚩	9		1 20 1 1 1 0 2 1	Form 990 (2008)

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Part IX Statement of Functional Expenses

BLUE RIBBON COALITION INC

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and	1,740.	1,740.		
•	organizations in the U.S. See Part IV, line 21	1,740.	1,740.		
2	Grants and other assistance to individuals in	500.	500.		
~	the U.S. See Part IV, line 22		JUU.		
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,	79,962.	39,680.	20,141.	20 141
~	trustees, and key employees	19,902.	39,000.	20,141.	20,141
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	206,594.	125,074.	71,163.	10,357
7	Other salaries and wages	200,394.	123,074.	11,103.	10,357
8	Pension plan contributions (include section 401(k)	25,037.	12 771	9,764.	1 500
	and section 403(b) employer contributions)		13,771. 8,265.		<u> </u>
9	Other employee benefits	15,027.	11,788.	5,861.	1,287
0	Payroll taxes	21,434.	11,/00.	8,359.	1,20/
1	Fees for services (non-employees):				
а	Ĵ.	104 100	104 100		
ь	Legal	194,190.	194,190.	4 500	
	Accounting	4,500.	2 400	4,500.	
	Lobbying	2,408.	2,408.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	151 010	140 400		10 - 10
g	Other	151,012.	140,493.		10,519
2	Advertising and promotion	36,110.	36,110.	40.007	
3	Office expenses	95,491.	45,021.	43,037.	7,433
4	Information technology	2,782.	2,782.		
5	Royalties	06 701	14 750	10.050	
6	Occupancy	26,701.	14,758.	10,352.	1,591
7	Travel	56,217.	37,176.	9,317.	9,724
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.000	1.1.0	18 8 40	
9	Conferences, conventions, and meetings	18,903.	1,160.	17,743.	
20	Interest				
21	Payments to affiliates	249.		249.	
22	Depreciation, depletion, and amortization	13,317.	7,325.	5,194.	798
23	Insurance	1,646.	889.	642.	115
4	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.)	100 005	100 005		
а	MAGAZINE PRODUCTION COS	133,337.	133,337.		14 500
b		17,372.	2,850.		14,522
С	ADMINISTRATION COSTS	9,913.	9,913.		
d	COST OF GOODS SOLD	2,022.	2,022.		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,116,464.	831,252.	206,322.	78,890
26	Joint Costs. Check here 🕨 🔛 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Form 990 (2008)

Form 990 (2		
Part X	Balance	Sheet

BLUE RIBBON COALITION INC

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			223,101.	1	215,796.
	2	Savings and temporary cash investments		2	21071901		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			17,908.	4	21,563.
	+ 5	Receivables from current and former officers, di			1175000		21/0001
	5	employees, or other related parties. Complete P		-		5	
	6	Receivables from other disqualified persons (as					
	0	4958(f)(1)) and persons described in section 495					
		Part II of Schedule L				6	
ъ	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use			3,472.	8	1,393.
Assets	9	Prepaid expenses and deferred charges				9	1,393. 4,560.
	10a	Land, buildings, and equipment: cost basis	1 1	72,649.			_/
ĺ	b		Tou	<u>, , , , , , , , , , , , , , , , , , , </u>	_		
	U	Part VI of Schedule D	105	45,611.	33,424.	10c	27,038.
I	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ					270,350.
	17	Accounts payable and accrued expenses			43,566.	17	<u>270,350</u> . 36,739.
	18	Grants payable		18			
	19	Deferred revenue	313,041.	19	316,167.		
	20	Tax-exempt bond liabilities		20			
ŝ	21	Escrow account liability. Complete Part IV of Sc				21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifi					
Ξ		of Schedule L			22		
	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	356,607.	26	352,906.		
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
ses		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			<42,253.		<46,107.2
Bali	28	Temporarily restricted net assets			<36,449.	>28	<36,449.2
Fund Balan	29					29	
Ъп		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔄 and			
o		complete lines 30 through 34.				8	
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ase	31	Paid-in or capital surplus, or land, building, or ea				31	
let	32	Retained earnings, endowment, accumulated in			(70 70)	32	
6	33	Total net assets or fund balances					<82,556.2
(n)	34	Total liabilities and net assets/fund balances			277,905.	34	270,350.
Ра	rt XI	Financial Statements and Reporting]				Yes No
	•						
1		ounting method used to prepare the Form 990:			Other		2a X
		e the organization's financial statements compiled					
		e the organization's financial statements audited					
C		es" to lines 2a or 2b, does the organization have ew, or compilation of its financial statements and					
3-		a result of a federal award, was the organization re					
34		and OMB Circular A-133?					
h		es," did the organization undergo the required au					
	1 12-1						Form 990 (2008)
55201				11			

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SCHEDUL	ΕA
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(F <mark>or</mark> m	990	or	990-	EZ)
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Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

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

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	Ins	Dec	ctic	'n	

Employer identification number

OMB No. 1545-0047

BLUE	RIBBON	COALITION	INC

	BLUE RIBBON COALITION INC 82-	0413	98T	
Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)			
The organ	ization is not a private foundation because it is: (Please check only one organization.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	hospital'	s nam	e,
	city, and state:			
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described	in		
	section 170(b)(1)(A)(iv). (Complete Part II.)			
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general put	olic descr	ibed ir	า
	section 170(b)(1)(A)(vi). (Complete Part II.)			
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9 X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	gross rec	eipts f	from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support fro	m gross	nvesti	ment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after	er June 3), 197	5.
	See section 509(a)(2). (Complete the Part III.)			
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the pu	•		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.			
		ype III - C		
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified per			n
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or sec	ction 509	(a)(2).	
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III			
	supporting organization, check this box	•••••	•••••	
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	[V.	NI
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,	at at (3)	Yes	No
	the governing body of the supported organization?	11g(i)		
	(ii) A family member of a person described in (i) above?	11g(ii)		
Ь	(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h	Provide the following information about the organizations the organization supports.			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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been enter	edule A (Form 990 or 990-EZ) 2008						Page 2
Pa	rt II Support Schedule for	-		Sections 170	(b)(1)(A)(iv) and	170(b)(1)(A)(v	î)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
-	tion A. Public Support	r					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public Support. Subtract line 5 from line 4.						
	ction B. Total Support			r	<u> </u>	I	
	endar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
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						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	or the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2008					14	%
15	Public support percentage from 200						%
16a	33 1/3% support test - 2008. If the	organization did no	ot check the box c	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
ł	33 1/3% support test - 2007. If the						
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes	s t - 2008. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶∟
ł	o 10% -facts-and-circumstances te	st - 2007. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	the "facts-and-circu	umstances" test, c	heck this box and	l stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-ci	rcumstances" test.	The organization	qualifies as a publ	licly supported org	anization	
<u>18</u>	Private foundation. If the organizati	<u>on did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruc <u>tion</u>	s ►

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Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 BLUE RIBBON COALITION INC

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Pa	rt III Support Schedule for C	Organizations	Described in S	Section 509(a)	(2) (Complete only i	f you checked the bo	x on line 9 of Part I.)
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	86 <u>7,</u> 450.	840,535.	805,018.	850,706.	894,947.	4258656.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 · 5	867,450.	840,535.	805,018.	850,706.	894,947.	4258656.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						4258656.
See	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	867,450.	840,535.	805,018.	850,706.	894,947.	4258656.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,352.	9,357.	8,261.	9,815.	7,941.	49,726.
b	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	14,352.	9 , 357.	8,261.	9,815.	7,941.	49,726.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	174,592.	132,164.	148,099.	140,308.	156,854.	752,017.
12	Other income. Do not include gain or loss from the sale of capital	18,645.	23,586.	15,560.			116,512.
12	assets (Explain in Part IV.)	10/013.	237300.	137300.			5176911.
	Total support (Add lines 9, 10c, 11, and 12.)				000000000000000000000000000000000000000	Level 2012 2012 2012 2012 2012 2012 2012 201	
- 1/	First five veges lifthe Form 000 is fo	r the execution?	first second this	d fourth or fifth to	v voor op o opstig	- E01(a)/2) arganiz	otion
14	First five years. If the Form 990 is fo	-			•		ation,
	check this box and stop here	-	·····		•		ation, ▶
Se	check this box and stop here	lic Support Pe	rcentage				····· • ·
<u>Se</u> 15	check this box and stop here ction C. Computation of Public Public support percentage for 2008 (l ic Support Pe line 8, column (f) d	rcentage ivided by line 13, c	column (f))		15	82.26 %
Se 15 16	check this box and stop here ction C. Computation of Pub Public support percentage for 2008 (Public support percentage from 200	l ic Support Pe line 8, column (f) d 7 Schedule A, Part	rcentage ivided by line 13, c IV-A, line 27g	column (f))			82.26 %
Se 15 16 Se	check this box and stop here ction C. Computation of Publ Public support percentage for 2008 Public support percentage from 200 ction D. Computation of Inve	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom	rcentage ivided by line 13, c IV-A, line 27g e Percentage	column (f))		15 16	82.26 % %
Se 15 16 Se 17	check this box and stop here ction C. Computation of Public Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Inve Investment income percentage for 20	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 008 (line 10c, colur	rcentage ivided by line 13, c IV-A, line 27g e Percentage mn (f) divided by lir	column (f))		15 16 17	82.26 % % 96 %
Se 15 16 Se 17 18	check this box and stop here ction C. Computation of Public Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Inve Investment income percentage for 20 Investment income percentage from	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 008 (line 10c, colur 2007 Schedule A,	rcentage ivided by line 13, c IV-A, line 27g Percentage nn (f) divided by lir Part IV-A, line 27h	column (f))		15 16 17 18	
Se 15 16 Se 17 18	check this box and stop here ction C. Computation of Public Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Inve Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2008. If the	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 2008 (line 10c, colur 2007 Schedule A, e organization did r	rcentage ivided by line 13, o IV-A, line 27g e Percentage mn (f) divided by lir Part IV-A, line 27h not check the box o	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 33 1/3%, and line 1	▶□ 82.26 % % .96 % 7 is not
Se 15 16 Se 17 18 19;	check this box and stop here ction C. Computation of Public Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Inve Investment income percentage for 24 Investment income percentage from a 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2007. If the	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 2008 (line 10c, colur 2007 Schedule A, e organization did r and stop here. The e organization did r	rcentage ivided by line 13, c IV-A, line 27g e Percentage mn (f) divided by lin Part IV-A, line 27h not check the box o e organization quali not check a box on	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s line 14 or line 19a	e 15 is more than 3 supported organiz a, and line 16 is mo	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a	82.26 % % .96 % 7 is not ►X
Se 15 16 Se 17 18 19;	check this box and stop here ction C. Computation of Public Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Inve Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box a	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 2008 (line 10c, colur 2007 Schedule A, e organization did r and stop here. The e organization did r eck this box and s	rcentage ivided by line 13, o IV-A, line 27g e Percentage nn (f) divided by lin Part IV-A, line 27h not check the box o organization quali not check a box on top here. The orga	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s line 14 or line 19a anization qualifies a	• 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp	15 16 17 18 33 1/3%, and line 1 ation orre than 33 1/3%, a orted organization	82.26 % % 96 % 7 is not and

Schedule A (Form 990 or 990-EZ) 2008

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Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization

	BLUE RIBBON COALITION INC	82-0413981
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

Form 990-PF

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

823451 12-18-08

SCHEDULE C							0047
(Form 990 or 990-EZ)							Q
Department of the Treasury Internal Revenue Service							
 Section 501(c)(3) org Section 501(c) (other Section 527 organiz If the organization ansistic section 501(c)(3) org Section 501(c)(3) org If the organization ansistic section 501(c)(3) org 	ganizations: Com r than section 50 ations: Complete wered "Yes," to ganizations that h ganizations that h wered "Yes," to	Form 990, Part IV, line 3, or Forn plete Parts I-A and B. Do not comp 1(c)(3)) organizations: Complete P	n 990-EZ, Part VI, line plete Part I-C. arts I-A and C below. n 990-EZ, Part VI, line er section 501(h)): Col n under section 501(h)	Do not complete Pa e 47 (Lobbying Act i mplete Part II·A. Do	art I-B. ivities), [.] not corr	then iplete Part II-B.	۰.
Name of organization					Employ	ver identification r	
		BBON COALITION IN		04() and a sti		82-041398	
		/ all organizations exempt chedule C for details.	under section 5	U1(c) and section	on 527	organizations	.
 Provide a descripti Political expenditur 	on of the organiz es	ation's direct and indirect political					
Part I-B To be	completed by	/ all organizations exempt	under section 5	01(c)(3).			
		chedule C for details.		(- / (- /			
1 Enter the amount of	f any excise tax	incurred by the organization under	section 4955		Þ \$ _		
2 Enter the amount of	of any excise tax	incurred by organization managers	s under section 4955		Þ \$ _		
		n 4955 tax, did it file Form 4720 fo				🗌 Yes 🛛	No
4a Was a correction п	nade?					Yes	No
b If "Yes," describe i							
Part I-C To be	completed by	y all organizations exempt	t under section 5	01(c), except s	ection	501(c)(3).	
See the i	nstructions for S	chedule C for details.					
1 Enter the amount of	lirectly expended	I by the filing organization for secti	ion 527 exempt functi	on activities	Þ \$ _		
		ization's funds contributed to othe	er organizations for se	ction 527			
exempt function ac					Þ \$ _		
	-	unction expenditures. Add lines 1			• •		
÷ -		1120-POL for this year?				L Yes	No
		nployer identification number (EIN) if the amount was paid from the fi					
		separate political organization, su	• •	•			
	-	de information in Part IV.	on de a coparate cogi	ogatoe fand of a po	intioal ac		
(a) Nam	9	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, en	on's	(e) Amount of po contributions receiv promptly and dir delivered to a sep political organiza If none, enter	ved and rectly parate ation.
				1			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008 832041 12-18-08

11040824 784236 4913

2008.04020 BLUE RIBBON COALITION INC

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4913___1

Schedule C (Form 990 or 990-EZ) 2008					<u>413981 Page 2</u>		
Part II-A To be completed by (election under sec		-		t filed Form 5768	5		
	ition belongs to an a						
	-	and "limited control" pro	visions apply.				
Limi	ts on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)		2,606.			
b Total lobbying expenditures to infl	uence a legislative b	ody (direct lobbying)		2,659. 5,265.			
c Total lobbying expenditures (add l							
d Other exempt purpose expenditur				813,347.			
e Total exempt purpose expenditure				818,612.			
f Lobbying nontaxable amount. Ent	er the amount from t	he fo <u>llowing</u> table in bot	h colu <u>mns.</u>	147,792.			
If the amount on line 1e, column (a) o Not over \$500,000		bbying nontaxable among the among the amount on line 1e.					
Over \$500,000 but not over \$1,00		000 plus 15% of the exc					
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000.				
Over \$17,000,000	\$1,00	0,000.					
g Grassroots nontaxable amount (er	nter 25% of line 1f)			36,948.			
h Subtract line 1g from line 1a. Ente	r -0- if line g is more t	than line a		0.			
i Subtract line 1f from line 1c. Enter				0.			
j If there is an amount other than ze		-		Г			
reporting section 4911 tax for this	-			L	Yes No		
(Somo organi		veraging Period Under section 501(h) electior		plate all of the five			
		nstructions for lines 2a					
		enditures During 4-Yea					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a Lobbying non-taxable amount	180,899	. 179,230.	188,140.	147, <u>792</u> .	696,061.		
 Lobbying ceiling amount (150% of line 2a, column(e)) 					1,044,092.		
c _Total lobbying expenditures	12,110	. 14,158.	15,677.	5,265.	47,210.		
d Grassroots non-taxable amount	45,225	. 44,808.	47,035.	36,948.	174,016.		
e Grassroots ceiling amount (150% of line 2d, column (e))					261,024.		
f Grassroots lobbying expenditures	2,420	•	687.	2,606.	•		
				Schedule C (Form	990 or 990-EZ) 2008		

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18 2008.04020 BLUE RIBBON COALITION INC 4913__1

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(i	a)	(b)	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?			-	
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?			_	
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	till-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5), or sect	tion
	501(c)(6). See the instructions for Schedule C for details.			_	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
Par	t III-B To be completed by all organizations exempt under section 501(c)(4)				
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part II	I-A, que	stion 3 is	i
	answered "Yes." See Schedule C instructions for details.				_
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit	ical			
	expenses for which the section 527(f) tax was paid).			*	
	Current year				
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
Par					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 1i. Al	so, complete	e this part
for a	ny additional information.				

Schedule C (Form 990 or 990-EZ) 2008

832043 12-18-08

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Schedule	D
(Form 990)	

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes." to Form 990. Part IV. line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047
0000
2008
Open to Public
Inspection
mapection

Departn	Revenue Service	answered "Yes," to Form	n 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12		Inspection
Name	e of the organizati			Emp	oloyer identification num
		BLUE RIBBON COALIT			82-0413981
Par		_	d Funds or Other Similar Funds	or Accou	Ints. Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Euro	ds and other accounts
	T A B A B A B A B				
		nd of year			
		utions to (during year)			
		from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advise		
	-		exclusive legal control?		Yes
	-	-	dvisors in writing that grant funds may be	-	
Par			or donor advisor or other impermissible priv		
			ganization answered "Yes" to Form 990, Pa	art iv, inte 7.	
1		servation easements held by the organizat n of land for public use (e.g., recreation or p		orioally impo	artant land area
		of natural habitat	bleasure) Preservation of an hist		
		n of open space			luciule
2			servation contribution in the form of a cons	onvotion and	amont on the last day
2	of the tax year.	-20 II the organization neid a qualified cons		ervation eas	ement on the last day
	of the tax year.				Held at the End of the Y
а	Total number of co	onservation essements		2a	
b					··
			ructure included in (a)		
			after 8/17/06		
3			leased, extinguished, or terminated by the		during the taxable
•	vear			organization	i donnig tito tatabio
4	,	where property subject to conservation ea	sement is located		
5			riodic monitoring, inspection, violations, an	d	
-	-		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes
6			and enforcing easements during the year		
7			enforcing easements during the year \triangleright \$		
8			ve satisfy the requirements of section 170(h)(4)(B)(i)	
		•			Yes
9			ion easements in its revenue and expense		and balance sheet, and
			tion's financial s tatements that describes t		
	conservation ease			-	-
Par	t III Organiza	ations Maintaining Collections o	of Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete i	if the organization answered "Yes" to Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	alance sheet	works of art, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service, p	provide, in Part XIV, the te
	the footnote to its	financial statements that describes these	items.		
b	-		report in its revenue statement and balan		
	or other similar as	sets held for public exhibition, education,	or research in furtherance of public service	, provide the	e following amounts relatin
	these items:				
	(i) Revenues inc	luded in Form 990, Part VIII, line 1			
	••				\$
2	If the organization	n received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provic	le
	the following amo	ounts required to be reported under SFAS	116 relating to these items:		
а	Revenues include	ed in Form 990, Part VIII, line 1		🕨	\$
b	Assets included in	n Form 990, Part X		🕨	\$
LHA	For Privacy Act a	and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.		Schedule D (Form 990) 2

832051 12-23-08

Schee	dule D (Form 990) 2008 BLUE RIE	BON COALI	TION	INC			82-0	041398	1_ Pa	age 2
Par	UIII Organizations Maintaining Co	ollections of A	Art, Hist	orical Tr	easures, (or Other S	Similar As	sets (cont	inued)	
3	Using the organization's accession and other	records, check an	y of the fo	ollowing tha	t are a signif	icant use of	its collection	items (cheo	ck all	_
	that apply):									
а	Public exhibition		d 🔄 l	_oan or exc	hange progra	ams				
b	Scholarly research		e 🗌 (Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	ain how th	ey further th	ne organizati	on's exempt	t purpose in	Part XIV.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be ma	intained as part of	the organ	nization's co	ollecti <u>on?</u>			Yes		No
Par	t IV Trust, Escrow and Custodial reported an amount on Form 990, Part		s. Compl	ete if organi	zation answ	ered "Yes" t	o Form 990,	Part IV, line	9, or	
1a	Is the organization an agent, trustee, custodia on Form 990, Part X?		-					Yes		No
h	If "Yes," explain the arrangement in Part XIV a							103		
Ũ			onowing	abie.				Amoun	+	
с	Beginning balance						1c	Anoun		
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						16 1f			
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIV.	111 000, 1 dit X, iii	о <u>с</u> п							
101110000000	t V Endowment Funds. Complete if	organization answ	vered "Ye	s" to Form 9		line 10.				
har server	······································	(a) Current year		rior year			Three years b	ack (e) Fou	r vears	back
1a	Beginning of year balance	(a) outfort your		<u></u>		<u> </u>			Juit	
b	Contributions									
	Investment earnings or losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year				102	<u></u>		<u>2007020</u> 107777777777		<u>2020000000000000000000000000000000000</u>
~ a	Board designated or quasi-endowment		%							
	Permanent endowment									
		%								
	Are there endowment funds not in the posse	-	ization the	at are held a	nd administ	ered for the	organization			
00	by:	solori or the organ					organization		Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
ь	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIV the intended uses of the	•							1	L
	t VI Investments - Land, Building				, Part X, line	10.				
Linkerter	Description of investment	(a) Cost or basis (inves	other	(b) Cost	or other (other)		reciation	(d) Boo	ok valu	e
1-	Land	` <u> </u>		Jacio	(
	Land						<u></u>			
	Buildings									
	Leasehold improvements									
	Equipment			7	2,649.	Λ	5,611.	2	7,0	3.8
	Other I. Add lines 1a-1e. (Column (d) should equal Fo		Juma (D)						7,0	
1018	I. Auu illes Ta•Te. (Column (o) snoulo equal Fo	нні 990, Mart X, CO	numn (B),	<u>iirie 10(c).)</u>		<u></u>		dule D (Forr		

Schedule D (Form §

Schedule D (Form 990) 2008 _____ BLUE RIBBON COALITION INC _____

(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products Closely-held equity interests Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) 🕨		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a)	15. Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) linPart XOther Liabilities. See Form 990, Part X, (a) Description of liability		(b) Amount
Federal income taxes		
		ients that reports the organization's liability for uncertain tax position
under FIN 48. 832053 12-23-08		Schedule D (Form 990) 20

Sche	dule D (Form 990) 2008 BLUE RIBBON COALITION INC			82-04	413981	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial S	Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,112,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,116,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<3 ,	854.>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)					
9	Total adjustments (net). Add lines 4-8					<u> </u>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		<3	,854.>
Par	XII Reconciliation of Revenue per Audited Financial Statement	nts With R	evenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	1,112	, <u>610.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2Ь				
	Recoveries of prior year grants					
	Other (Describe in Part XIV)					
е	Add lines 2a through 2d				1 1 1 0	0.
3	Subtract line 2e from line 1			3	1,112	,610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b				1 110	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				1,112	,610.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme					1 C 1
1	Total expenses and losses per audited financial statements			1	1,116	<u>,464.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Losses reported on Form 990, Part IX, line 25					
d	Other (Describe in Part XIV)					0
е	Add lines 2a through 2d				1 110	
3	Subtract line 2e from line 1		•••••••••••••••••••••••••••••••••••••••	3	1,116	,404.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIV)					0
c	Add lines 4a and 4b				1 117	161
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		···· <u>·</u> ······	5	1,116	<u>,404 </u>
	TXIV Supplemental Information		4. D = 4 07 0		D 11/1	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Form 990) 2008

832054 12-23-08

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

	2008
,	Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Part IV, lines 1	7, 18, or 19, and by organizations that e	enter mo	re tha	n \$15,000 on Form 99	0-EZ, line 6a.	Open To Public Inspection
Name of the organization					Employer id	entification number
	BBON COALITION INC				82-041	3981
Part I Fundraising Activities 1 Indicate whether the organization rai a X Mail solicitations		ng acti	vities.			
 b X Email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	g 🔀 Specia	l fundra	iising (stees or	
key employees listed in Form 990, F b If "Yes," list the ten highest paid inc	Part VII) or entity in connection with p	orofess suant to	ional f agre	undraising services? ements under which	the fundraiser is to	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						-
Total 3 List all states in which the organizati WA Image: WA	ion is registered or licensed to solicit	funds	or has	been notified it is ex	kempt from registra	ation or licensing.
LHA For Privacy Act and Paperwork R	equction Act Notice, see the Instr	uctions	s tor F	orm 990.	Schedule G (Form	990 or 990-EZ) 2008

4913 1

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col. (a) through
ē		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	43,125.			43,125.
	2 Less: Charitable contributions	21,315.			21,315.
	3 Gross revenue (line 1 minus line 2)	21,810.			21,810.
	4 Cash prizes				
ses	5 Non-cash prizes				
Direct Expenses	6 Rent/facility costs	14,198.			14,198.
Direct	7 Other direct expenses	9,703.			9,703.
	8 Direct expense summary. Add lines 4 throug	h 7 in column (d)			(23,901.)
	9 Net income summary. Combine lines 3 and 8	3 in column (d)		🕨	<2,091.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	-		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
<u>a</u>	1	Gross revenue					
ses	2	Cash prizes					
xpen	3	Non-cash prizes		_			
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	6 Yes %	Yes %		
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶	()	
	8	Net gaming income summary. Combine lines	1 and 7 in column (d)	<u></u>	>	Yes No	
 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 							
10a		ere any of the organization's gaming licenses re	evoked, suspended or	terminated during the tax	< year?	10a	
ł	• If "	Yes," Explain:					
11 12	ls '	es the organization operate gaming activities v the organization a grantor, beneficiary or truste minister charitable gaming?	e of a trust or a memb	er of a partnership or oth	er entity formed to		
					Schedule G (Fo	orm 990 or 990-EZ) 2008	

832082 03-18-09

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2008.04020 BLUE RIBBON COALITION INC 4913 1

Schedule G (Form 990 or 990 EZ) 2008 BLUE RIBBON COALITION INC

82-0413981 Page 3

				Yes	No
13 Indicate the percentage of gaming activity operated in:					
a The organization's facility	13a		%		
b An outside facility			%		
14 Provide the name and address of the person who prepares the organization's gaming/special events bo	oks and	records:			
Name 🕨			-		
Address 🕨			_		
15a Does the organization have a contract with a third party from whom the organization receives gaming re	/enue?		. 15 a		
b If "Yes," enter the amount of gaming revenue received by the organization $ ightarrow$ \$ a	nd the a	mount			
of gaming revenue retained by the third party > \$		noun			
c if "Yes," enter name and address:					
Name 🕨					
			-		
Address 🕨			_		
16 Gaming manager information:					
Name 🕨			- 1		
Gaming manager compensation 🕨 \$					
Description of services provided 🕨			-		
			-		
			-		
Director/officer Employee Independent contractor					
17 Mandatory distributions:					
a Is the organization required under state law to make charitable distributions from the gaming proceeds	0				
retain the state gaming license?			17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or	pent in	ihe			
organization's own exempt activities during the tax year 🕨 \$					

Schedule G (Form 990 or 990-EZ) 2008

832083 12-18-08

SCHEDULE I (Form 990)			Grants and Governr	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organizations luals in the U.S.	Â		OMB No. 1545-0047 2008
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.	n answered "Yes," on F Attach to Form 990.	" on Form 990, P. n 990.	art IV, lines 21 or 22.		Open to Public Inspection
Name of the organization	BLUE RIBBON	N COALITION	ION INC					Employer identification number $82-0413981$
Part General Info	General Information on Grants and Assistance	d Assistance						
1 Does the organizati	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the select	
criteria used to awa	criteria used to award the grants or assistance?	ance?						Yes X No
2 Describe in Part IV 1	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and C	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	Organizations in the	• United States. C	omplete if the org	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	it received more th	an \$5,000. Use P ₃	It IV and Schedule I	(Form 990) if addition	al space is needed 🕨
1 (a) Name and address of organization or government	ess of organization inment	(b) EIN	(c) IRC section if applicable	(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
ערמיעיסעידע פאס	בטאפ דדגהט מ			c	c			
SAE CLEAN SNUMMUBILE CHALLENGE								
RUBICON TRAIL FOUNDATION	ATION			0				
BLM HOLLISTER FIELD OFFICE) OFFICE			0.	.0			
TREASURE STATE ALLIANCE	ANCE			0	.0			
אסדחיד דגסס אסדחיגפטספט אנגידפטאנ	истат ткос			c	c			
ACCUTE CONTRACT INC.				, c	c c			
2 Enter total number of	Enter total number of section 501(c)(3) and novernment ornanizations	l 1 aovernment ora	anizations	•				
	Enter total number of other organizations							
HA For Privacy Act ar	For Privacy Act and Paperwork Reduction Act Notice. see the Instru	ion Act Notice. s	the Instructions f	ctions for Form 990.				Schedule I (Form 990) 2008

832101 12-18-08

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Schedule I (Form 990) 2008 BLUE RIBBON COALITION INC PartIII Grants and Other Assistance to Individuals in the United States. Complet	ALITION II	NC Inlete if the organiz	ation answered "Yes"	on Form 990, Part IV line 22	82-0413981 Page 2
Use Schedule I-1 (Form 990) if additional space is needed.	led.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				_	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	l l de the informatior	n required in Part I,	line 2, and any other	additional information.	
832102 12-18-08		28			Schedule I (Form 990) 2008

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Flevenue Service		Continua ▲ Attach to Fo Part II é	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	redule I (Form 99) itional information iule I (Form 990).)) 1 for		OMB No. 1545-0047 2008 Open to Public Inspection
Name of the organization BLUE RIBBON	ON COALITION	ION INC				Employer 82	Employer identification number 82–0413981
Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule (Form 990), Part II.)	Assistance to Go	vernments and Orga	nizations in the U.	S. (Schedule I (For	m 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(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
WISCONSIN DUAL SPORT RIDERS			.0	0			
	d government org	anizations	_	-			
3 Enter total number of other organizations 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	berwork Reductio	n Act Notice, see the	Instruction& for I	⁻ orm 990.			Schedule I-1 (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

To be completed by organizations tha "Yes" on Form 990, Part IV, lines 2

OMB No. 1545-0047

2008

Open to Public

Inspection

at answered	
29 or 30.	

Attach to Form 990.

Employer identification number 82-0413981

Name of the organization

BLUE	RTBBON	COALITION	TNC

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of deta revenue	-
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods	X	2	175	SALE PROCEEDS	
6	Cars and other vehicles		Z	1/5.	SALE PROCEED	
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution					
	(historic structures)	<u> </u>				
14	Qualified conservation contribution (other) \dots					
15	Real estate · Residential					
16	Real estate · Commercial					
17	Real estate · Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other \blacktriangleright (<u>ADVERTISING</u>)	X	27	36,110.	INVOICES	
26	Other 🕨 ()					
27	Other 🕨 ()					
28	Other 🕨 ()					
29	Number of Forms 8283 received by the organ	ization durir	ng the tax year	for contributions		
	for which the organization completed Form 82	283, Part IV,	Donee Acknow	wledgment 29		
						Yes No
30a	During the year, did the organization receive b	oy contributi	on any proper	ty reported in Part I, lines 1-2	8 that it must hold for	
	at least three years from the date of the initial	contributior	n, and which is	not required to be used for	exempt purposes for	
	the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that i	requires the re	view of any non-standard co	ntributions?	31 X
32a	Does the organization hire or use third parties contributions?		-		cash	32a X
ь	If "Yes," describe in Part II.					
33	If the organization did not report revenues in a	column (c) fo	or a type of pro	perty for which column (a) is	s checked,	
	describe in Part II.		21 - 17			
ιшл	For Privacy Act and Panenwork Peduction	- A -t Matia	- one the last	rustiens for Form 000		A (Earm 000) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2008

832141 03-11-09

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SCHEDULE M, LINE 32B: BLUERIBBON COALITION MAKES USE OF A VOLUNTEER

AUCTIONEER AT THE BREAKFAST OF CHAMPIONS AND UTILIZES E-BAY ONLINE

AUCTION SERVICES. WE ALSO MAKE USE OF AN ORGANIZATION CALLED VEHICLES

FOR CHARITY FOR SOLICITING AND SELLING OF VEHICLE CONTRIBUTIONS.

Page 2

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



BLUE RIBBON COALITION INC

Employer identification number 82-0413981

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LANDS AND WATERS TO ENHANCE CONSERVATION OF RECREATION OPPORTUNITIES,

NATURAL RESOURCES AND ALL ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING,

BUT NOT LIMITED TO EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS,

ADMINISTRATIVE PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL

PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS, ADMINISTRATIVE

PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL PUBLIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS REPRESENTATION, LINKS TO OTHER ENTHUSIAST ORGANIZATIONS, AND OTHER EDUCATIONAL MATERIALS.

BRC PUBLISHES AND NATIONALLY DISTRIBUTES A STATE OF THE ART MONTHLY

MAGAZINE TO HELP KEEP THE RECREATION COMMUNITY INFORMED ON CURRENT

ISSUES, ENTHUSIAST ACTIONS, AND OTHER PERTINENT INFORMATION.

BRC ALSO MAKES JUDICIOUS USE OF DIRECT MAIL MATERIALS TO EDUCATE,

INFORM AND FACILITATE INVOLVEMENT BY ENTHUSIASTS IN PUBLIC LAND USE

PLANNING PROJECTS.

WE COORDINATE OUR NATIONAL ACTIONS AND OFTEN PARTNER WITH LOCAL, STATE,

OR OTHER NATIONAL ASSOCIATIONS TO MAXIMIZE IMPACT AND ENSURE PRUDENT

USE OF PRECIOUS RESOURCES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08 32 Schedule O (Form 990) 2008

11040824 784236 4913

2008.04020 BLUE RIBBON COALITION INC

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



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BLUE RIBBON COALITION INC

Employer identification number 82 - 0413981

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

MEANINGFUL "ON THE GROUND" SOLUTIONS.

WHERE THERE ARE GAPS IN LOCAL ENTHUSIAST INVOLVEMENT AND WHERE

APPLICABLE, THE BLUERIBBON COALITION ACTIVELY AND DIRECTLY ENGAGES IN

THOS PLANNING PROCESSES ON BEHALF OF ITS MEMBERS.

WHERE APPROPRIATE, AND IN FURTHERANCE OF THE EXEMPT PURPOSES OF THE ORGANIZATION WITHIN THE LEGAL CONFINES OF THE IRS REGULATIONS FOR 501(C)(3) ORGANIZATIONS, THE BLUERIBBON COALITION LOBBIES ON BEHALF OF ITS MEMBERS ON LEGISLATIVE INITIATIVES AFFECTING RECREATIONAL FUNDING, RECREATIONAL ACCESS, AND OTHER SIMILAR ISSUES HAVING AN IMPACT ON RECREATION ON PUBLIC LANDS AND WATERS.

FORM 990, PART VI, SECTION A, LINE 4: PLEASE SEE ATTACHED REVISED ARTICLES AND BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS THAT MAY ELECT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS OF THE BOARD OF DIRECTORS. SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



BLUE RIBBON COALITION INC

Employer identification number 82 - 0413981

FORM 990, PART VI, SECTION A, LINE 10: FORMS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW, DISCUSSION, AND RESIGINING OF POLICY AT SPRING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE SEARCH AND HIRING PROCESS OF THE CURRENT EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS ASSIGNED A SEARCH COMMITTEE WHOSE EXPECTATIONS INCLUDED RESEARCH ON COMPENSATION FOR SIMILAR POSITIONS IN THE NON-PROFIT SECTOR. BASED ON THE FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE, THE BOARD OF DIRECTORS APPROVED A RANGE OF COMPENSATION. SIMILARILY, THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS EXPECTED TO RESEARCH AND MAKE RECOMMENDATIONS FOR BOARD APPROVAL OF SALARY RANGES FOR THE VARIOUS POSITIONS HELD BY KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE POSTED ON THE BRC WEBSITE AND OTHERWISE MADE AVAILABLE UPON REQUEST. CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE GENERALLY NOT AVAILABLE TO THE GENERAL PUBLIC EXCEPT IN THE EVENT OF REQUEST BY A GRANT APPLICATION, BANKING REQUEST, IN PERIODIC PUBLICATION FOR MEMBER EDUCATION AND/OR AS REQUIRED BY LAW.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁸³²²¹¹ 12-18-08

Schedule O (Form 990) 2008

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2008.04020 BLUE RIBBON COALITION INC

34

4562		and Amortizati		2008		
Department of the Treasury nternal Revenue Service (99)	See separate instructions.	Attach to your tax	••	Attachment Sequence No,		
Vame(s) shown on return		Business or activity to w	hich this form relates	Identifying number		
BLUE RIBBON (COALITION INC	FORM 990 I	PAGE 10	82-04139		
Part I Election To Exp	ense Certain Property Under Section 179 Note: If	you have any listed property,	complete Part V before	you complete Part I.		
1 Maximum amount. Se	ee the instructions for a higher limit for certain	businesses	1	250,0		
2 Total cost of section	179 property placed in service (see instruction	ns)	2			
3 Threshold cost of sec	tion 179 property before reduction in limitation	on	3	800,0		
4 Reduction in limitatio	n. Subtract line 3 from line 2. If zero or less, e	nter •0•				
5 Dollar limitation for tax year.	Subtract line 4 from line 1. If zero or less, enter -0 If married	d filing separately, see instructions				
6	(a) Description of property	(b) Cost (business use only)				
7 Listed property. Ente	r the amount from line 29					
8 Total elected cost of	section 179 property. Add amounts in colum	n (c), lines 6 and 7				
9 Tentative deduction.	Enter the smaller of line 5 or line 8					
10 Carryover of disallow	ed deduction from line 13 of your 2007 Form	4562	10)		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5						
0 Casting 170 augusto	deduction. Add lines 9 and 10, but do not er	nter more than line 11	12	2		
12 Section 179 expense		s line 12 🕨 🚺 13				
13 Carryover of disallow	ed deduction to 2009. Add lines 9 and 10, les or <u>Part</u> III below for listed property. Instead, us					

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	
P	art III MACRS Depreciation (Do not include listed property.) (See instructions.)		

OMB No. 1545-0172

82-0413981

250,000.

800,000.

4913___1

l Attachment Sequence No. 67 Identifying number

8

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	9,	174.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here			

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year_property		<u>3,464.</u>	5 YRS.	HY_	SL	4,143.
c	7-year property						
d	1 <u>0-year property</u>						
e	15-year property						
f	20-year property						
_ g_	25-year property			25 yrs.		S/L	
L	Desidential vental avec arts	1		27.5 yrs.	MM	S/L	
h	Residential rental property	1		27.5 yrs.	MM	S/L	
	Negroeidentiel real preperty	/		<u>39 yrs.</u>	MM	S/L	
-	Nonresidential real property	1			MM	S/L	
	Section C - Assets	Placed in Service	During 2008 Tax Year Us	sing the Altern	ative Depre	ciation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
с	40-year	1		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)					
21 L	isted property. Enter amount from lir	ne 28				21	
22 T	otal. Add amounts from line 12, line	s 14 through 17, line	es 19 and 20 in column (g), and line 21.			
E	nter here and on the appropriate line	es of your return. Pa	artnerships and S corpora	tions - <u>see instr</u>		22	13,317.
23 F	or assets shown above and placed i	n service during the	e current year, enter the				
р	ortion of the basis attributable to se	ction 263A costs	<u>.</u>	23			
81625 11-08-	LHA For Paperwork Reduction	on Act Notice, see	separate instructions. 4 ()				Form 4562 (2008)

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2008.04020 BLUE RIBBON COALITION INC

Form	4562	(2008)
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BLUE RIBBON COALITION INC

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 Section B, and Section C if applicable.

Sect	tion A - Depreciation a	nd Other In	formation (Cauti	on: See the inst	tru	ctions for li	mits fo	r passeng	er automo	biles.)				
_ 24a	Do you have evidence to s	upport the bu	siness/investment	use claimed?		Yes 🗌	No	24b f "Ye	es," is the	eviden	ce written	?	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 depre (business/inve use only	stment	(f) Recovery period	(g) Metho Conver	od/	(h) Deprecia deducti		Elec sectio co	n 179
25	Special depreciation allo	owance for c	ualified listed pro	perty placed in	se	rvice during	g the ta	ax year an	b					
	used more than 50% in	a qualified b	usiness use							25				
26	Property used more that	n 50% in a c	qualified business	use:										
			%											
		: :	%											_
			%											
27	Property used 50% or le	ess in a qual	ified business us	э:										
			%						S/L·					
			%						s/L·					
		: :	%						s/L·					
28	Add amounts in column	(h), lines 25	through 27. Ente	r here and on lir	ne	21, page 1				28				
29	Add amounts in column	(i), line 26. E	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.

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

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.

37	Do you maintain a written policy statement	that prohibits all p	ersonal use of vehicles,	, including comm	uting, by you	•		Yes	No
	employees?								
38	Do you maintain a written policy statement	that prohibits pers	onal use of vehicles, ex	cept commuting	, by your				
	employees? See the instructions for vehicle	es used by corpora	te officers, directors, o	r 1% or more owr	ners				
39	Do you treat all use of vehicles by employed	es as per s onal use	?						
40	Do you provide more than five vehicles to y	our employees, ob	tain information from y	our employees at	pout				
	the use of the vehicles, and retain the inform	mation received?							
41	Do you meet the requirements concerning (
	Note: If your answer to 37, 38, 39, 40, or 41								
P	art VI Amortization								
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period or per			f) ization s year	
42	Amortization of costs that begins during yo	ur 2008 tax year:		<u> </u>					
		; :							
		: :							
43	Amortization of costs that began before yo	ur 2008 tax year				43			
	Total. Add amounts in column (f). See the i					44			
816	252 11-08-08						Form	1 4562	(2008)
			41						
04(0824 784236 4913	2008.0)4020 BLUE R	IBBON COA	ALITION	INC	491	13	1

Departn	990–T nent of the Treasury Revenue Service		Exempt Orga (a alendar year 2008 or other tax	and proxy tax und					2008 Open to Public Inspectio 501(c)(3) Organizations C
A 🗌	Check box if address changed		Name of organization (changed	, ,	.)	D Emplo (Emplo	oyer identification number oyees' trust, see instructock D on page 9.)
B Exe	empt under section	Print	BLUE RIBBON	N COALITION	INC			8	2-0413981
	501(C)(3)	or		m or suite no. If a P.O. b		age 9 of instructions		E Unrela	ited business activity co
	408(e) 220(e)	Type	4555 BURLEY		, p-	.ge e eee		on pag	nstructions for Block E ge 9.)
_	408A 530(a)		City or town, state, and CHUBBUCK		003			541	800
		F Group	exemption number (See						
	nd of year 270 , 350 .	G Checl	k organization type 🕨	X 501(c) corporati	on 🗌	501(c) trust	401(a) trust		Other trust
H Des	cribe the organizatio	n's prim	ary unrelated business ac	:tivity. 🕨	SEE S	STATEMENT	1		
			ooration a subsidiary in an		ent-subsi	diary controlled grou	ıp? 🕨 [Ye	s X No
			tifying number of the pare						<u> </u>
000000000000000000000000000000000000000			MARY JO FOST				lephone number 🕨 2		
			d <u>e or Business In</u>			(A) Income	(B) Expense	S	(C) Net
	Gross receipts or sal		2,372			0 07	<u>_</u>		
	ess returns and allo					2,37			
			A, line 7)			2,23			1.4
			rom line 1c			14	1.		14
			h Schedule D)						
			Part II, line 17) (attach For						
			sts						
			ips and S corporations (a						
			me (Schedule E)						
		•	and rents from controlled		8				
			on 501(c)(7), (9), or (17)	-					
			ome (Schedule I)			151 10			
			e J)			154,48	2. 65,8	381.	8 <u>8</u> ,60
	•		ns; attach schedule.)			1 = 4 = 60			
			igh 12			154,62		381.	88,74
Par			ot Taken Elsewhe utions, deductions mu						
14	Compensation of of	fficers, di	irectors, and trustees (Scl	hedule K)				14	8,05
15	Salaries and wages			•••••••••••••••••••••••••••••••••••••••				15	<u> </u>
16	Repairs and mainte	nance						16	
17	Bad debts							17	
18	Interest (attach sch	edule)						18	
19								19	-
20			e instructions for limitation					20	
21			562)				2,397	•	
22	Less depreciation c	laimed o	n Schedule A and elsewh	ere on return		22a		22b	2,39
23								23	
24	Contributions to de	ferred co	mpensation plans					24	4,50
25			•••••					25	2,70
26			chedule I)					26	
27	Excess readership	costs (So	chedule J)					27	
28			hedule)					28	8,91
29			nes 14 through 28						78,13
30			income before net operati	-					10,60
31			n (limited to the amount c						10,19
			income before specific de						41
32	Specific deduction	(Generai	ly \$1,000, but see instruc					33	1,00
						antes they live 00 a	stor the smaller		
32 33 34	Unrelated busin		able income. Subtract		-			34	

Form 990-T	(2008) BLUE RIBBON COALITION INC	82-0413981	Page 2
Part II	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and:		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) <u>\$</u> (2) <u>\$</u> (3) <u>\$</u>		
U	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		0
	Income tax on the amount on line 34		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3		
	Tax rate schedule or Schedule D (Form 1041)	🕨 <u>36</u>	
37	Proxy tax. See instructions		
38	Alternative minimum tax	38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		0.
	Tax and Payments		
helever all all all all all all all all all al	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions)		
	General business credit. Attach Form 3800		
	Gredit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 40a through 40d	40e	
			0.
41	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	41	0.
	Total tax. Add lines 41 and 42		0.
	Payments: A 2007 overpayment credited to 2008 44a		
	2008 estimated tax payments 44b		
	Tax deposited with Form 8868 44c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
e	Backup withholding (see instructions) 44e		
f	Other credits and payments: Form 2439		
	□ Form 4136 Other Total ▶ 44i		
45	Total payments. Add lines 44a through 44f	45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗌		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		0.
48	Overpayment . If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		0.
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax	Refunded > 49	
Part \			
<u></u>	my time during the 2008 calendar year, did the organization have an interest in or a signature or other aut		Yes No
			X
	nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1,		
2 Duri	ancial Accounts. If YES, enter the name of the foreign country here b ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see page 5 of the instructions for other forms the organization may have to file.		X
	er the amount of tax-exempt interest received or accrued during the tax year > \$		
Sched	iule A - Cost of Goods Sold. Enter method of inventory valuation		
	COST		
1 Inve	entory at beginning of year		1,393.
2 Pur	chases 2 152. 7 Cost of goods sold. Subtract	line 6	
3 Cos	st of labor from line 5. Enter here and in	Part I, line 2 7	<u>2,231.</u>
4a Ado	ditional section 263A costs	with respect to	Yes No
b Oth	er costs (attach schedule)	d for resale) apply to	
			X
	Under perallies of perjury, I declare that I have examined this return, including accompanying schedules and statemen correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a		
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a		
Here	Andered Munich 8/27/2009 Executive D	May the IRS discuss thi the preparer shown below	
	Signature of officer Date Title	instructions)? X Y	
	Date	Duran with CCN an DT	
Paid	Preparer's signature		
Prepare		00 000741	
Use On	Vours it seif-		
	employed), address, and DOCLMENT OF TO SOLUTE A	Phone no.	EODE
	ZIP code POCATELLO, ID 83201	208-232-	
		Form 9	90-T (2008)
823711 03	3-09-09		

11040824	784236	4913
11040024	104250	4715

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$\sim \sim$	~		-	0	0	0
2.2		1/1			u	Ω.

orm 990-T (2008) <u>BLUE RIBE</u> Schedule C - Rent Income	ON COALITIO			Property	/ Lease	82-04 d With Real Pr		
Description of property		•					-	
(1)								
(2)								
(3)								
(4)								
X-17	2 Rent received or accrue	ed				-		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	nd personal propert ersonal property exe t is based on profit	ceeds 50% or	ntage if	3(a) Deductions directions directions columns 2(a)	ctly cor) and 2(nnected with the income in (b) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0. Total				0.	~		
c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum					0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated De	bt-Financed Inco	me (See	instructions or	n page 19)				
						3 Deductions directly of	connec	ted with or allocable
			2 Gross inc or allocable		(2)	to debt-fin Straight line depreciation		(b) Other deductions
1 Description of debt-f	inanced property		financed p			(attach schedule)		(attach schedule)
(1)					_			
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted of or allocable t debt-financed pro (attach schedul)	to perty	ິβ Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
_(1)				%				
(2)				%				
				%				
				%				
(4)	1			70	Enter he	ere and on page 1, ne 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals					•		0.	0 .
Total dividends-received deductions i	ncluded in column 8							0
Schedule F - Interest, Ann	uities, Royalties,	and Rer	nts From C	ontrolled	d Orga	nizations (See i	nstru	ctions on page 20)
		Exemp	ot Controlled C	rganizatior	าร			
1 Name of controlled organization	2 Employer identificatio number	n Net ui (loss) (3 nrelated income see instructions)		4 f specified ents made	5 Part of column 4 included in the con organization's gross	trolling	b Deductions directly connected with income in column 5
(1)								
(1)								
(2)								
(3)								
(4) Nonexempt Controlled Organization				<u> </u>				
,	Net unrelated income (loss) (see instructions)	9 To	otal of specified pay made	ments 1	in the cor	olumn 9 that is included trolling organization's gross income	11	Deductions directly connected with income in column 10
(1) (2)								

			►	0.	
		37			
4913	2008.04020	BLUE	RIBBON	COALITION	INC

Add columns 5 and 10. Enter here and on page 1, Part I,

line 8, column (A).

0.

Form 990-T (2008)

(3) _(4)

<u>Totals</u>

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4913___1

Enter here and on page 1, Part I,

Add columns 6 and 11.

line 8, column (B).

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Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of in	соте	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)					
(2)					
(3)					
(4)					
		Enter here and on page 1, Part I, line 9, column (A),			Enter here and on page 1, Part I, line 9, column (B).
Totais		0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals 🕨	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)
Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7,	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					
(2)					
(3)					
(4)					
Totals (carny to Part II line (5))		0			0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income		Direct ising costs	4 Adverti or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, compute		culation come		eadership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) BLUE RIBBON										
(2) MAGAZ INE	154,482.	65	,881.	88	,601.	95	,963.	<139	9,617.	>
(3)										
(4)										
(5) Totals from Part I	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).							Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	154,482.	65	,881.							0.
Schedule K - Compensatio	n of Officers,	Direct	tors, and	d Truste	es (see ir	nstructio	ns on pag	je 22)		·
1 Name				2 Tit	le		3 Perce time devo busine	ted to		pensation attributable nrelated business
GREG MUMM			EXECU	TIVE	DIREC	TOR		%		8,056.
		-						%		
								%		
								%		
Total. Enter here and on page 1, Part II, I	ine 14							🕨		8,056.
										Form 990-T (2008)

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11040824 784236 4913

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82-0413981

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

ADVERTISING IN THE BLUE RIBBON COALITION MAGAZINE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
PAYROLL TAXES OCCUPANCY PROPERTY INSURANCE		3,85 4,77 28	
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	8,91	16.

Form	99	0
------	----	---

Department of the Treasury Internal Revenue Service

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



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

ΑF	or the 20	009 calendar year, or tax year beginning and e	nding		
B Ci ap	heck if oplicable:	Please C Name of organization		D Employer identifica	ation number
<u> </u>	Address	label or print or BLUE RIBBON COALITION INC			
	Name	type. Doing Business As		82-04	13981
	Initial retum Termin-	See Number and street (or P.O. box if mail is not delivered to street address) F	Room/suite	E Telephone number	237-1008
	ated Amended		A DIE		981,702.
	return Applica-	City or town, state or country, and ZIP + 4 CHUBBUCK, ID 83202-0003		G Gross receipts \$	
L	l tiòn pending	F Name and address of principal officer:GREG MUMM		H(a) Is this a group ret for affiliates?	urn Yes X No
		4555 BURLEY DRIVE, STE A, CHUBBUCK, ID	8320	H(b) Are all affiliates inclu	
<u>.</u> т		pt status: $X = 501(c) (3) = (insert no.) = 4947(a)(1) or = 527$	0520		st. (see instructions)
		► WWW.SHARETRAILS.ORG		H(c) Group exemption	
		panization: X Corporation Trust Association Other ►	1 Vear		State of legal domicile: ID
		ummary			otate of legal dofinione. 12
<u></u>		efly describe the organization's mission or most significant activities: $\underline{\mathrm{THE}}$ B	TUERT	BBON COALTTI	ON TS A
Activities & Governance		EADING ADVOCATE FOR REASONABLE MANAGEMEN	T OF	RECREATION C	N PUBLIC
ern	2 Ch	eck this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	e than 25% of its net ass	
ŇOĘ		mber of voting members of the governing body (Part VI, line 1a)			12
8		mber of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			12
ies		tal number of employees (Part V, line 2a)			9
ivit		tal number of volunteers (estimate if necessary)			50
Act		tal gross unrelated business revenue from Part VIII, column (C), line 12			96,897.
	b Ne	t unrelated business taxable income from Form 990-T, line 34			152.
				Prior Year	Current Year
en		ontributions and grants (Part VIII, line 1h)		952,451.	851,024.
Revenue		ogram service revenue (Part VIII, line 2g)		154,482.	95,728.
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,677.	6,342.
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1 110 (10	1,047.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,112,610.	954,141.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		2,240.	84.
_		enefits paid to or for members (Part IX, column (A), line 4)		348,054.	329,303.
ses		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		540,054.	329,303.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25) 80,62			
ŭ				766,170.	632,189.
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,116,464.	961,576.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<3,854.>	
es	19 Re			eginning of Current Year	End of Year
Net Assets or Fund Balances	20 To	tal assets (Part X, line 16)		270,350.	245,313.
Ass	21 To	tal liabilities (Part X, line 16)		352,906.	335,304.
E S	22 Ne	et assets or fund balances. Subtract line 21 from line 20		<82,556.	
		Signature Block			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
00000000	U	nder penalties of veriup. I declare that I have examined this return, including accompanying schedules and	i statements,	and to the best of my knowledg	e and belief, it is true, correct,
	a	nd complete. Begaration of preparer (other than officer) is based on all information of which preparer has an	ny knowledge	//	
Sig	n 🕨	Contraction of the second seco		1/12/1	10
Her		Signature of officer		Date	
		GREG MUMM, EXECUTIVE DIRECTOR			
		Type or print name and title			
Daie	P	reparer's Date			r's Identifying number tructions)
Paic	S	ignature 11/11	L/10 en	nployed 🕨 🛄 (see ins	
		Irm's name (or DEATON & COMPANY, CHARTERED		EIN ►	
026	s	elf-employed), 215 N 9TH, SUITE A			
		ddress, and IP+4 POCATELLO, ID 83201		Phone no. 🕨 2 (08-232-5825
Ma	<u>y the IR</u> S	discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No
TAICT		LHA For Privacy Act and Paperwork Reduction Act Notice, see the se			Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2009) BLUE RIBBON COALITION INC	82-0413981	Page 2
Pa	till Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION	1	
	THE BLUERIBBON COALITION IS A LEADING ADVOCATE FOR REA	ASONABLE	
	MANAGEMENT OF RECREATION ON PUBLIC LANDS AND WATERS TO) ENHANCE	
	CONSERVATION OF RECREATION OPPORTUNITIES, NATURAL RESC	URCES AND ALL	 נ
	ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING, BUT NOT I		
2	Did the organization undertake any significant program services during the year which were not listed on		
-			XNo
	the prior Form 990 or 990-EZ?	res	
•	,		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	t of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	SEE SCHEDULE O FOR CONTINUATION		
4a) (Revenue \$	0.)
	THE BLUERIBBON COALITION (BRC) MONITORS ISSUES AND IN	NITIATIVES	
	AFFECTING RECREATIONAL ACCESS, RECREATION MANAGEMENT A	AND NATURAL	
	RESOURCE CONSERVATION ISSUES AND UTILIZES VARIOUS COMM	IUNICATIONS	*
	METHODS TO EDUCATE MEMBERS AND THE PUBLIC.		
	THE BRC PROVIDES A ROBUST WEBSITE OF INFORMATION FROM	ALL ACROSS TH	IE
	UNITED STATES TO KEEP ENTHUSIASTS ABREAST OF LAND USE		
	PLANNING. VISITORS TO OUR WEBSITE HAVE THE ADDITIONAL		
	SIGNING UP FOR ACTION ALERTS ON ISSUES SPECIFIC TO THE		
	NATIONAL ISSUES, AND THEY MAY SIGN UP FOR OUR RSS FEEL		
			<u>,</u>
	PROVIDE HISTORICAL INFORMATION, ADVOCACY TOOLS, LINKS		
4b) (Revenue \$	0.)
	THE BLUERIBBON COALITION (BRC) DEVELOPED AND ACTIVELY		
	ACTION PROGRAM TO MONITOR, EVALUATE, AND TAKE APPROPR		1
	ISSUES AFFECTING RECREATION ON PUBLIC LANDS AND WATERS		
	ACTIVITIES ADVANCE, AND ARE LIMITED BY, THE EXEMPT PUL	RPOSES OF THE	
	COALITION. THROUGH OUR LEGAL ACTION PROGRAM, BRC UNIC	QUELY PROVIDES	S AN
	AFFORDABLE LEGAL ELEMENT TO OUR ADVOCACY EFFORTS. WHI	ERE APPLICABLE	Ξ,
	THE PROGRAM INCLUDES A RETAINER COMPONENT, ALLOWING BI	RC MEMBERS TO	
	OBTAIN AN INITIAL REVIEW OF THEIR CASE WITHOUT CHARGE	, ALONG WITH 7	CHE
	CAPABILITY TO ENTER ADMINISTRATIVE APPEALS AND LITIGAT		
l.	RATES.		
4c	(Code:) (Expenses \$ 56,825. including grants of \$ 0.) (Revenue \$	0.)
-70	THE BLUERIBBON COALITION PUBLIC LANDS DEPARTMENT MONI		۰.,
	ADMINISTRATIVE RECREATIONAL ACCESS PLANNING ACTIVITY		ΙΝΤΈΡΥ
	AND SEEKS TO FACILITATE LOCAL MEMBER AND ENTHUSIAST I		
	THEIR LOCAL PLANNING EFFORTS. THIS ACTIVITY INCLUDES		
	LIMITED TO, SUCH EFFORTS AS PROVIDING SEMINARS, ACTIV		
	MEMBERS AND MEMBER ORGANIZATIONS UNDERSTAND AND NAVIG		
	COMPLICATED PLANNING PROCESS, CONSULTING WITH TECHNIC)
	SCIENTISTS ON RECREATION AND RESOURCE MANAGMENT ISSUE		
	LETTER GENERATOR ON OUR WEBSITE AND ON OTHER ENTHUSIA	ST WEBSITES TO)
	HELP PEOPLE PROVIDE MEANINGFUL COMMENT AND PUBLIC INP	UT TO AGENCIES	5,
	MEDIATING DIFFERENCES BETWEEN VARIOUS AND DIFFERING R	ECREATION	
	INTERETS, AND HELPING RECREATION ENTHUSIASTS TO WORK	TOGETHER TOWAL	RD
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ►\$ 740,858.	/	
48	Total program service expenses ₽ φ T ± 0 / 0 0 0 •	f	990 (2009)
9320 02-04	D2	Form	30 (2009)
02-04	-10 2		
3501	2 2009.04010 BLUE RIBBON COALIT		7 1
2727	ZUUS-04230 4913 ZUUS-04010 DLUE KIDBON COALII	TION INC 491	31

Form	990	(2009)	
I OUL	330	(2003)	

			V.	
	A = a = a = a = b = a = b = a = b = a = b = a = b = a = b = b		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	л	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
	public office? If "Yes," complete Schedule C, Part I	3 4	X	<u> </u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u>л</u>	
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	F		х
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		<u> </u>
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1		<u>л</u>
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
	Schedule D, Part III	0		<u> </u>
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	3		
		10		x
	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			<u></u>
	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.			
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	-		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	<u> </u>
	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		X
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	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

932003 02-04-10

 Form 990 (2009)
 BLUE
 RIBBON
 COALIT

 Part IV
 Checklist of Required Schedules (continued)
 BLUE RIBBON COALITION INC

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		x
28	Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a		200		
h	A family member of a current or former officer, director, trustee, or key employee? If "Ves," complete Schedule L. Part IV	28h	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	x	X X
с 29	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		X	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	28c 29	x	
с 29	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	x	x
с 29 30	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	X	x
с 29 30	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30	x	x x
с 29 30 31	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30	x	x x
с 29 30 31	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30 31	X	x x x
c 29 30 31 32	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30 31	x	x x x
c 29 30 31 32	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30 31 32	X	x x x x
c 29 30 31 32 33	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30 31 32	X	x x x x
c 29 30 31 32 33	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30 31 32 33	x	x x x x x x x
c 29 30 31 32 33 33 34	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29 30 31 32 33	X	x x x x x
c 29 30 31 32 33 33 34	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> <i>Schedule N, Part II</i> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II</i> , <i>III, IV, and V, line 1</i> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	28c 29 30 31 32 33 34	X	x x x x x x x x
c 29 30 31 32 33 34 35	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> <i>Schedule N, Part II</i> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part SI, III, IV, and V, line 1</i> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	28c 29 30 31 32 33 34	×	x x x x x x x
c 29 30 31 32 33 34 35	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," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," <i>complete Schedule N, Part II</i> 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," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? If "Yes," <i>complete Schedule R, Parts II, III, IV, and V, line 1</i> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	28c 29 30 31 32 33 34 35 36	x	x x x x x x x x x x
c 29 30 31 32 33 34 35 36 37	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> <i>Schedule N, Part II</i> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Parts II, III, IV, and V, line 1</i> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	28c 29 30 31 32 33 34 35	x	x x x x x x x x
c 29 30 31 32 33 33 34 35 36	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," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," <i>complete Schedule N, Part II</i> 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," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? If "Yes," <i>complete Schedule R, Parts II, III, IV, and V, line 1</i> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	28c 29 30 31 32 33 34 35 36 37		x x x x x x x x x x

Form 990 (2009)

932004 02-04-10

Form	990	(2009)
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1.00.7.1.						
		1	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			8		
	U.S. Information Returns. Enter -0- if not applicable	1a		0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				X	
0 -	(gambling) winnings to prize winners?			. <u>1c</u>	A	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-		9		
L	filed for the calendar year ending with or within the year covered by this return	2a			X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to a file this return (as			. <u>ZD</u>		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more during the year covered business gross income of \$1,000 or more durin			. 3a	X	********
					X	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ritu ovor o	. 30		<u> </u>
40	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
Ь	If "Yes," enter the name of the foreign country:	accou	irit) f	· 40		
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and	-		
	Financial Accounts.	Dank	anu			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. 5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year		······	-		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			. 50		
U	Tax Shelter Transaction?			. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		e
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services			
	provided to the payor?			. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas rec	quired			
	to file Form 8282?			. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal			
	benefit contract?			. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	•••••	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required					X
h				7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting of	-				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		-			
-	at any time during the year?	•••••		8		X
9	Sponsoring organizations maintaining donor advised funds.					v
a	Did the organization make any taxable distributions under section 4966?					X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
10	Section 501(c)(7) organizations. Enter:	10-			l	
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	1			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	1			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	118		-		
ŋ	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			 12a		
	_If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
				p		

Form 990 (2009)

932005 02-04-10

Form 990	(2009)
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BLUE RIBBON COALITION INC

82-0413981 Page 6

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	for a "No	" resp	onse
Sec	tion A. Governing Body and Management			
			Ye	s No
1a	Enter the number of voting members of the governing body	12		
b	Enter the number of voting members that are independent	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	,
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	78		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	71	_b X	•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	81	<u>, X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	+	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Ye	s No
10a	Does the organization have local chapters, branches, or affiliates?	10	а	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10	ь	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	1	1	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12	a X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12	ьХ	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12		
13	Does the organization have a written whistleblower policy?	1;		
14	Does the organization have a written document retention and destruction policy?	1	4 X	í 🗌
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15	ia X	Ĺ
` b	Other officers or key employees of the organization	15	ьΧ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
′ 16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16	ia	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16	ib	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{ID}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ava	ilable for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
1 9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest pol	icy, and f	inanci	al
	statements available to the public.			-
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anization	: ►	
	MARY JO FOSTER $-208-237-1008$			
	4555 BURLEY DRIVE, STE A, CHUBBUCK, ID 83202			

Form 990 (2009)

932006 02-04-10

12591111 784236 4913

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

- (A)	(B)			(0))			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cł	neck	all 1	that	app	ly)	compensation	compensation	amount of
	per	ctor						from	from related	other
~	week	r dire				fed		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee c	ustee			censa		(W-2/1099-MISC)	(44-2/1095-14130)	organization
		altru	onal t		loyee	u Co Di Di Di Di Di Di Di Di Di Di Di Di Di				and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		Ē	Ĕ	5	22	<u> </u>	8			
PAT HARRIS	1									
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
CHRISTINE JOURDAIN										
DIRECTOR	1.00	X						0.	0.	0.
CRAIG OSTERMAN			ļ							
DIRECTOR	1.00	Х						0.	0.	0.
JOHN PARRINELLO										
DIRECTOR	1.00	Х						0.	0.	0.
BILL RUGG										
DIRECTOR	1.00	X						0.	0.	0.
JACK SHEETS										
DIRECTOR	1.00	X						0.	0.	0.
BOB STEVENSON										
DIRECTOR	1.00	X						0.	0.	0.
- SONIA BARTZ										
~ PRESIDENT	1.00			х				0.	0.	. 0.
NICK HARIS										
- VICE PRESIDENT	1.00			x				0.	0.	0.
MAUREEN HEALEY										
SECRETARY	1.00			x				0.	0.	0.
JONI MOGSTAD										
TREASURER	1.00			x				0.	0.	0.
·										
			<u> </u>	-						
		1	1	1						
932007 02-04-10						-	-			Form 990 (2009)

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(A) Name and title		and title Average Position hours (check all that app								(E) Reportable compensation from related	(F) Estimate amount other	of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensa from the organizat and relat organizati	e tior tec
									0.			
<u>16</u> 2	Total Total number of individuals (including but compensation from the organization						e) wl	ho re			• Yes	T
3 4	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> fo For any individual listed on line 1a, is the	r such individua	d								. 3	
5	and related organizations greater than \$ Did any person listed on line 1a receive or the organization? <i>If "Yes," complete Sch</i>	r accrue comp	ensat	ion 1	from	any	y uni	relat	ed organization for ser	vices rendered to		00000
Sec 1	tion B. Independent Contractors Complete this table for your five highest the organization.	compensated in	ndep	ende	ent c	ont	racto	ors t	hat received more than	1 \$100,000 of compe	nsation from	
MOG	(A) Name and busine DRE , SMITH BUXTON & T								(B) Description of	services	(C) Compensatio	or —
	W. BANNOCK, SUITE 5		Е,	I	D	83	70:	2	LEGAL SERVIC	CES	168,2	2 8
2	Total number of independent contractor							-				

For	m 990 (2	2009) BLUE		82-0413981 Page				
P	art VIII	Statement of Reven	ue					
	-				(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	1 a b c d e f 9 h	Federated campaigns	1b 1c 1d ons) 1e s, and 1f 1a-1f. \$		851,024.			
Program Service	b c d e f	MAGAZ INE	nue		95,728.		95,728.	
		Total. Add lines 2a-2f			95,728.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	c-exempt bond p	proceeds	2,442.			
	6a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal	į	·		
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other 3,900. 3,900.				
t , ",) Other Revenue		Net gain or (loss) Gross income from fundraisin including \$8,7 contributions reported on line	g events (not 32 • of 1c). See		3,900.	3,900.		
- Other	c	Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ad	draising events	25,295. 27,349. ►	<2,054.	> <2,054.	>	
	ь	Part IV, line 19 Less: direct expenses Net income or (loss) from gan	a					
	ь	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a	212.	1,169.		1,169.	
	11 a b c	Miscellaneous Revenu		Business Code				
93 02	d e 12 2009 -04-10	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			954,141.	6,220.	96,897.	0 . Form 990 (2009)
					9			

	All other organizations must complete	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	84.	84.		
_	organizations in the U.S. See Part IV, line 21	04.	04.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	76 500	40 100	10 150	15 220
	trustees, and key employees	76 , 599.	42,129.	19,150.	15,320
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 704	140 684	40.050	14 200
7	Other salaries and wages	199,724.	142,674.	42,350.	14,700
8	Pension plan contributions (include section 401(k)	16 405	10 500		1 101
	and section 403(b) employer contributions)	16,427.	<u>10,792.</u> 10,240.	4,534. 4,302.	<u>1,101</u> <u>1,044</u>
9	Other employee benefits	15,586.	10,240.	4,302.	1,044
0	Payroll taxes	20,967.	13,775.	5,787.	1,405
1	Fees for services (non-employees):				
а	Management		1.5.0.0.0.1		
b	Legal	168,281.	168,281.		
С	Accounting	4,800.		4,800.	
d	Lobbying	3,929.	3,929.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	115,233.	115,233.		
2	Advertising and promotion	32,180.	31,055.		1,125
13	Office expenses	81,766.	33,869.	38,334.	9,563
14	Information technology	3,958.	3,958.		
15	Royalties				
16	Occupancy	29,199.	20,963.	6,627.	1,609
17	Travel	27,826.	13,239.	6,071.	<mark>8,</mark> 516
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
9	Conferences, conventions, and meetings	4,074.		4,074.	
20	Interest				
21	Payments to affiliates	249.		249.	
22	Depreciation, depletion, and amortization	8,474.	5,567.	2,339.	568
23	Insurance	5,349.	3,515.	1,476.	358
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.)				
а		121,555.	121,555.		
b	SPECIAL EVENTS CATERING	25,316.			25,3 <u>16</u>
С					
d	·				
е					
f		0.51 5			
25	Total functional expenses. Add lines 1 through 24f	961,576.	740,858.	140,093.	80,625
26	Joint costs. Check here 🕨 🛄 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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BLUE RIBBON COALITIC	N INC
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2

8	Balance Oncer					
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			215,796.	1	211,058.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			21,563.	4	13,039.
5	Receivables from current and former officers,					, <u>, , , , , , , , , , , , , , , , , , </u>
Ŭ	employees, and highest compensated emplo					
	of Schedule L				5	
6	Receivables from other disqualified persons (
	4958(f)(1)) and persons described in section					
	Part II of Schedule L				6	
2 7	Notes and loans receivable, net				7	
8	Inventories for sale or use			1,393.	8	1,633.
9	Prepaid expenses and deferred charges			4,560.		1,633.
	Land, buildings, and equipment: cost or othe	1 1				
	basis. Complete Part VI of Schedule D		72,935.			
ь	Less: accumulated depreciation		72,935. 54,084.	27,038.	10c	18,851.
11	Investments - publicly traded securities			· · ·	11	
12	Investments - other securities. See Part IV, lir				12	
13	Investments · program-related. See Part IV, li				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must e			270,350.	16	245,313. 33,410.
17	Accounts payable and accrued expenses			36,739.	17	33,410.
18	Grants payable		18			
19	Deferred revenue			316,167.	19	301,894.
20	Tax-exempt bond liabilities				20	
g 21	Escrow or custodial account liability. Comple	te Part IV o	f Schedule D		21	
21	Payables to current and former officers, direct	ctors, truste	es, key employees,			
	highest compensated employees, and disqu	alified perso	ons. Complete Part II			
J	of Schedule L				22	
23	Secured mortgages and notes payable to un	related thire	l parties		23	
24	Unsecured notes and loans payable to unrel	ated third p	arties		24	
25	Other liabilities. Complete Part X of Schedule				25	
26	Total liabilities. Add lines 17 through 25			352,906.	26	335,304.
	Organizations that follow SFAS 117, check	k here 🕨	X and complete			
ß	lines 27 through 29, and lines 33 and 34.			16 105	i jaanse	-50 540 -
27	Unrestricted net assets			<46,107.		<53,542.2
28	Temporarily restricted net assets	<36,449.		<36,449.2		
29			re 🕨 🔲 and		29	
	Organizations that do not follow SFAS 117					
	complete lines 30 through 34.					
	Capital stock or trust principal, or current fur				30	
	Paid-in or capital surplus, or land, building, o				31	
27 28 29 30 31 32 30 31 22	Retained earnings, endowment, accumulate			<82,556.	32	<89,991.
33	Total net assets or fund balances			270,350		
34	Total liabilities and net assets/fund balances				<u>' 04</u>	<u>L_1)111</u>

Form 990 (2009) Part X Bala

		В.	LU	
ance	Sheet			

Part XI	Financial Sta	tements	and Repor	ting
Form 990 (2			RIBBON	

BLUE RIBBON COALITION INC

			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 X Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Гания	000	0000

Form **990** (2009)

932012 02-04-10

SCHEDULE A (Form 990 or 990-EZ)									OMB No. 1	1545-00	47	
Department o Internal Reve	f the Treasury nue Service		e if the organization is 4947(a)(1) no ach to Form 990 or Fo	nexempt	charitable	e trust.				Open to Inspe		ic
Name of t	he organizati					•			nployer id	entificati	on nu	mber
	U		BBON COALITI	ON IN	С					-0413		
Part I	Reason		ty Status (All organiz			e this part	.) See inst	ructions.				
			because it is: (For lines 1				-					
1		•	, or association of churc	-		-	-					
2			0(b)(1)(A)(ii). (Attach Scl				~					
3			al service organization of		n section	170/6//1/	Δ)/iii)					
4	•	• •	perated in conjunction					'ь\/1\/ Δ\/ іі	i) Enter th	e hoenital	'e nan	ne
-	city, and stat			initi a nooj			0.1011 11 01	~/(•/(• •/(•		moophu	e nan	10,
5			penefit of a college or ur	iversity ou	uned or on	ersted by	a governn	nontal uni	describer	lin		
5		(b)(1)(A)(iv). (Comple		interaity of		ciated by	a govenni			• • • •		
6			ent or governmental unit	doporiboo	l in contin	n 170/h\/1	1/61/64					
7			-					v frans tha		ممام مامم	ات م ما	i
	_		eives a substantial part (or its supp	on nom a	governme	intal unit o	r from the	general pu	ione desc	nbea	1U
• 🗔	•	b)(1)(A)(vi). (Complet		0	DestUY							
8	-		ection 170(b)(1)(A)(vi).									
9 X			eives: (1) more than 33 1									
		-	ctions - subject to certa	-	-					-		
			xable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired by	y the orga	nization af	ter June 3	10, 19	75.
		509(a)(2). (Complete										
10			erated exclusively to te									
11	-	- ,	erated exclusively for th							•		or
			tions described in section				2). See sec	tion 509(a)(3). Chec	k the box	that	,
	describes the		organization and comple									
	а 🛄 Туре				e III - Func					Type III - (
e	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more dise	qualified pe	ersons oth	her tha	าก
			nan one or more publicly						9(a)(1) or se	ection 509)(a)(2).	•
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	ре I, Туре	ll, or Type	e				
	supporting o	rganization, check th	is box									. 📖
g			rganization accepted ar									
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (iii) below,		Yes	No
	the gov	erning body of the su	pported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) of	or (ii) above	ə?					11g(iii)		
h	Provide the f	ollowing information	about the supported on	ganization	(s).							
				1		1			F			
(i) Name	e of supported	(ii) EIN	(iii) Type of		organization	(v) Did yo	u notify the	(vi) Is organizatio	the	(vii) An	nount	of
	anization		organization (described on lines 1-9		sted in your		ion in col.	(i) organiz	ed in the		port	
			above or IRC section	governing	document?	(I) of you	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									[_
									<u> </u>			
		1	1	1	1	1	1	1	1 1			

T	otal	
	υιαι	

LHA 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

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		edule A (Form 990 or 990-EZ) 2009						Page 2
	Pa	till Support Schedule for	-		Sections 170	(b)(1)(A)(iv) and	1 170(b)(1)(A)(v	i)
-		(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I.)				
-		tion A. Public Support						
(ndar 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.")						
		Tax revenues levied for the organ-						
		ization's benefit and either paid to						
	_	or expended on its behalf						
		The value of services or facilities						
		furnished by a governmental unit to						
		the organization without charge						
		Total. Add lines 1 through 3						
	5	The portion of total contributions						
		by each person (other than a						
		governmental unit or publicly						
		supported organization) included						
		on line 1 that exceeds 2% of the						
		amount shown on line 11,						
	•	column (f)						
-		Public support. Subtract line 5 from line 4.						
		tion B. Total Support	4-1 0005	# \ 0000	(.) 0007	(1) 0000	(1) 0000	(0.7.1.1
		endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 20 <u>07</u>	(d) 2008	(e) 2009	(f) Total
		Amounts from line 4						
	8	Gross income from interest,						с. 1. Х
		dividends, payments received on						1 · ·
		securities loans, rents, royalties						r.
	~	and income from similar sources						1 <u>+</u>
	9	Net income from unrelated business						e tij e
		activities, whether or not the						1
		business is regularly carried on						ter in the second se
	10	Other income. Do not include gain						
		or loss from the sale of capital						
		assets (Explain in Part IV.)						
		Total support. Add lines 7 through 10						
		Gross receipts from related activities						
-	13	First five years. If the Form 990 is fo	-			-		
	<u> </u>	organization, check this box and sto ction C. Computation of Pub			<u></u>			>
							14	
д.		Public support percentage for 2009 (%
		Public support percentage from 2008					15	%
	16a	33 1/3% support test - 2009. If the c	-		-			
		stop here. The organization qualifies						
	b	33 1/3% support test - 2008. If the c						
		and stop here. The organization qua						
	17a	10% -facts-and-circumstances tes						
		and if the organization meets the "fac						·
		meets the "facts-and-circumstances"						
	Ł	10% -facts-and-circumstances tes						
		more, and if the organization meets t						
		organization meets the "facts-and-cir						
	18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>8a, 16b, 17a, or 17</u>			

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 BLUE RIBBON COALITION INC

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Pa	t III Support Schedule for C	Organizations	Described in S	Section 509(a)	(2) (Complete only i	f you checked the bo	x on line 9 of Part I.)
	tion A. Public Support						
Cale	ndar 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.")	840,535.	805,018.	850,706.	894 , 947.	946,752.	4337958.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	840,535.	805,018.	850,706.	894,947.	946,752.	4337958.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						4337958.
	ction B. Total Support					I	
Cale	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	840,535.	805,018.	850,706.	894,947.	946,752.	4337958.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,357.	8,261.	9,815.	7,941.	6,342.	41,716.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		_				
	acquired after June 30, 1975	0 25 7	0.001	0 015	7 0 4 1	C 242	<u> </u>
	Add lines 10a and 10b	9,357.	8,261.	9,815.	7,941.	6,342.	41,716.
• •	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	132, <u>164</u> .	148,099.	140,308.	156,854.		577,425.
12	Other income. Do not include gain or loss from the sale of capital	23,586.	15,560.	36,000.	22,721.	1,047.	98,914.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)	1005642.		1036829.			5056013.
	First five years. If the Form 990 is fo	4	· · · · ·			· · · · ·	
• •	check this box and stop here	-			-		
Se	ction C. Computation of Pub					••••••••	
15	Public support percentage for 2009			olumn (f))		15	85.80 %
16	Public support percentage from 200					16	82.26 %
_	ction D. Computation of Inve						70
17				ne 13, column (f))		17	.83 %
18	Investment income percentage from					18	.96 %
	a 33 1/3% support tests - 2009. If the						

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\searrow X$ b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

►

932023 02-08-10

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

SPECIAL EVENTS AND AUCTIONS.

932024 02-08-10

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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

N	lame	of	the	orga	nization
---	------	----	-----	------	----------

Organization type (check one):

82-0413981

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

BLUE RIBBON COALITION INC

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing. Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., so this organization because it received nonexclusively religious, charitable, etc., so the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

923451 02-01-10

SCHEDULE C	OMB No. 1545-0047							
(Form 990 or 990-EZ)	Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527							
Department of the Treasury Internal Revenue Service								
 Section 501(c)(3) org Section 501(c) (other Section 527 organiz If the organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Section 501(c)(4), (5 Name of organization Part I:A Compl Provide a description 	wered "Yes," to ganizations: Com or than section 50 ations: Complete wered "Yes," to ganizations that h ganizations that h wered "Yes," to), or (6) organizat <u>BLUE RII</u> ete if the org on of the organiz	Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not con 1(c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or Fo nave filed Form 5768 (election ur nave NOT filed Form 5768 (electi Form 990, Part IV, line 5 (Proxy ions: Complete Part III. BBON COALITION II anization is exempt und ation's direct and indirect politic	rm 990-EZ, Part VI, li nplete Part I-C. Parts I-A and C below rm 990-EZ, Part VI, li ider section 501(h)): C on under section 501(r Tax), then NC er section 501(c) al campaign activities	ne 46 (Political Campaign 7. Do not complete Part I-B. ne 47 (Lobbying Activities omplete Part II-A. Do not co h)): Complete Part II-B. Do not Emplored to the part II-B. Do not or is a section 527 of in Part IV.), then pomplete Part II-B. not complete Part II-A. loyer identification number 82-0413981 organization.			
					,			
 Enter the amount of Enter the amount of If the organization If the organization Was a correction in bif "Yes," describe i Part I-C Completion Enter the amount of Enter the filing organ Enter the names, a 	 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b if "Yes," describe in Part IV. Part IC Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received 							
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
	_							

 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule C (Form 990 or 990-EZ) 2009

 LHA
 Schedule C (Form 990 or 990-EZ)
 Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the org (election under sec		npt under sectior	n 501(c)(3) and file	ed Form 5768	
A Check if the filing organiza	tion belongs to an affil	iated group.			
Limi	tion checked box A an ts on Lobbying Expen ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influ	uence public opinion (a	arass roots lobbving)		1,012.	
b Total lobbying expenditures to influence				8,281.	
c Total lobbying expenditures (add li	-			9,293.	
d Other exempt purpose expenditure	es			9,293.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)		18,586.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.	3,717.	
If the amount on line 1e, column (a) o	r (b) is: The lobl	bying nontaxable amo	ount is:		
Not over \$500,000	20% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,00	<u>0,000 \$100,00</u>	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175 <u>,00</u>	<u>0 plus 10% of the exc</u>	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (er	•			929.	
h Subtract line 1g from line 1a. If zer		••••••		83.	
i Subtract line 1f from line 1c. If zero				5,576.	
j If there is an amount other than ze		, ,		Г	Yes X No
reporting section 4911 tax for this		raging Period Under		<u></u> L	Yes X No
• -	ations that made a s dumns below. See the	ection 501(h) electior	n do not have to com		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	179,230.	188,140.	147,792.	3,717.	518,879.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					778,319.
c Total lobbying expenditures	14,158.	15,677.	5,265.	9,293.	44,393.
d Grassroots nontaxable amount	44,808.	47,035.	36,948.	929.	129,720.
e Grassroots ceiling amount		·			
(150% of line 2d, column (e))					<u>1</u> 94,580.
f Grassroots lobbying expenditures		687.	2,606.	1,012.	4,305.

Schedule C (Form 990 or 990-EZ) 2009

932042 02-04-10

Schedule C (Form 990 or 990-EZ) 2009 BLUE RIBBON COALITION INC 82-041398 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(á	(a))	
		Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? If "Yes," describe in Part IV					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	TILL-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection Yes	No	
			-	165		
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? till B Complete if the organization is exempt under section 501(c)(4), section			otion		
<u>1.81.1.1</u>	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."				I	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi					
	expenses for which the section 527(f) tax was paid).					
а			2a			
b	Carryover from last year					
с						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	oolitical	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t M Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 1i. Als	o, complete	this part	
	ny additional information.			•		

932043 02-04-10

Schedule C (Form 990 or 990-EZ) 2009

000 (Fo

Supplemental Financial Statements



(Form 990)			anization answered "res," to Form 99	, LUUJ Open to Public		
Department of the Treasury Internal Revenue Service			Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.			
	e of the organizati			Employer identification number 82-0413981		
Par		ations Maintaining Donor Advise				
		on answered "Yes" to Form 990, Part IV, line		is of Accounts. Complete if the		
	organizatio	in answered res to form 990, Fatt IV, Int	(a) Donor advised funds	(b) Funds and other accounts		
	Total number at a	and of year				
1		butions to (during year)				
2 3		s from (during year)				
4		at end of year				
+ 5	00 0	ion inform all donors and donor advisors in	writing that the assots hold in donor adv	ised funds		
5		ion's property, subject to the organization's				
6		ion inform all grantees, donors, and donor a				
Ū		poses and not for the benefit of the donor of		-		
		vate benefit?				
Par	2000000000000	vation Easements. Complete if the on				
1		nservation easements held by the organizat		÷		
		on of land for public use (e.g., recreation or		istorically important land area		
		of natural habitat		rtified historic structure		
	Preservation	on of open space				
2		a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last		
	day of the tax yea	ar.				
				Held at the End of the Tax Ye		
а	Total number of c	conservation easements				
b	Total acreage rest	stricted by conservation easements		2b		
с	Number of conser	ervation easements on a certified historic st	ructure included in (a)			
d	Number of conse	ervation easements included in (c) acquired	after 8/17/06			
3	Number of conservert year	ervation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax		
4	Number of states	s where property subject to conservation ea	asement is located 🕨	_		
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, handling c	f		
	•	nforcement of the conservation easements				
6		eer hours devoted to monitoring, inspecting				
7		nses incurred in monitoring, inspecting, and				
8		ervation easement reported on line 2(d) abo				
		(h)(4)(B)(ii)?				
9		ribe how the organization reports conservat				
		able, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for		
18 5000	conservation eas	sements. zations Maintaining Collections of	Art Historical Tracauras	Other Similar Accets		
8.88.5.1		e if the organization answered "Yes" to Form		Other Similar Assets.		
	Complete	In the organization answered Tes to Point	1 3 50, Fait IV, MIE 0.			
1a	If the organization	on elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art historical		
14	-	er similar assets held for public exhibition, e	•			
		is financial statements that describes these				
b		on elected, as permitted under SFAS 116, to		ance sheet works of art historical treasure		
5		ssets held for public exhibition, education,				
	these items:			, presses are renewing amount folding		
		cluded in Form 990, Part VIII, line 1		▶ \$		
		ded in Form 990, Part X				
2		on received or held works of art, historical tre				
_	-	ounts required to be reported under SFAS				
а		led in Form 990, Part VIII, line 1		▶ \$		
		in Form 990, Part X				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		BBON COALI				82-04			
Par	UIII Organizations Maintaining C	ollections of Ar	<u>t, Historica</u>	al Treasures, o	or Other S	imilar Asse	ts (cont	inued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition d Loan or exchange programs								
b	Scholarly research	e	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solicit o	r receive donations of	of art, historica	l treasures, or oth	er similar ass	sets			_
	to be sold to raise funds rather than to be ma						Yes		No
Par	ESCROW and Custodial Arran		ete if organizat	ion answered "Ye	s" to Form 9	90, Part IV, line	9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contrib	outions or other as	ssets not incl	uded	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIV $% \mathcal{A}^{(n)}$	and complete the fo	llowing table:		г				
					ſ		Amoun	<u>t</u>	
С	Beginning balance		•••••••	••••••		1c			
	Additions during the year				1	1d			
	Distributions during the year				I	<u>1e</u>			
	Ending balance								
	Did the organization include an amount on F		21?	••••••		L	Yes		No
100000000000000000000000000000000000000	If "Yes," explain the arrangement in Part XIV.				N/ I' 40				
	tV Endowment Funds. Complete i						1		
		(a) Current year	(b) Prior ye	ar (c) Two yea	rs dack (d)	Three years back	∣ (e) ⊦ou	years	back
	Beginning of year balance								
	Contributions						-		
	Net investment earnings, gains, and losses		-						
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs							****	
	Administrative expenses								
-	End of year balance Provide the estimated percentage of the yea								
2	Board designated or quasi-endowment								
	Permanent endowment	%	%						
		⁷⁰							
	Are there endowment funds not in the posse		ation that are t	old and administ	ared for the (rannization			
Uu	by:	ssion of the organiz	adon that are i			rganization		Yes	No
	(i) unrelated organizations						3a(i)	103	
	(ii) related organizations								
Ь	If "Yes" to 3a(ii), are the related organization								
4	Describe in Part XIV the intended uses of the				••••••	••••••		I	
Les converses	1 VI Investments - Land, Building				10.				
<u>100000000</u>	Description of investment	(a) Cost or c		Cost or other	(c) Accu	mulated	(d) Boc	k valu	
		basis (investi		basis (other)	depred		(-)		
1a	Land								
ь	Buildings		[
с	Leasehold improvements								
ď	Equipment								
e	Other			72,935.	5	4,084.	1	8,8	51.
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B),	line 10(c).)		►	1	8,8	51.

Schedule D (Form 990) 2009

932052 02-01-10

(a) Description of security or category	(b) Book value		(c) Method of valuat	
(including name of security)			Cost or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
		_		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(-,	(-) =		Cost or end-of-year mar	ket value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		>	
Part X Other Liabilities. See Form 990, Part X,			•	
1. (a) Description of liability		(b) Amount		
Federal income taxes		(-)	—	
			—	
			—	
			—	
Total. (Column (b) must equal Form 990, Part X, col (B) line				
2. FIN 48 Footnote. In Part XIV, provide the text of the foo	tnote to the organization	n's financial statem	ents that reports the org	anization's liability for
Uncertain tax positions under FIN 48.				
932053 02-01-10		_	Sch	edule D (Form 990) 200
	2	5		

Sche	dule D (Form 990) 2009 BLUE RIBBON COALITION INC			82-04	13981_	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		954,	141.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		961,	576.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<7,	435.>
4	Net unrealized gains (losses) on investments			_		
5	Donated services and use of facilities		5			
6	Investment expenses					
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		<7,	435.>
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	981,	278.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b	2 <u>7,137</u>	1.		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e	27,	137.
3	Subtract line 2e from line 1			3	954,	141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
с	Add lines 4a and 4b			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				954,	,141.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses p	er Return		
1	Total expenses and losses per audited financial statements			1	988,	,713.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	27,137	7.		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		<u>,137.</u>
3	Subtract line 2e from line 1			3	961,	,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	961,	,576.
Pa	rt XIV Supplemental Information					
Corr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	ll, lines 1a a	and 4; Part IV, line	s 1b and 2b;	Part V, line	4; Part
X, lir	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	plete this p	art to provide any	additional inf	ormation.	

932054 02-01-10

SCHEDULE G	
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(Form 990 or 990-EZ)

Department of the Treasury	
nternal Revenue Service	

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.



Name of the organization							ntification number
E I t. t A t. iat	BBON COALITION INC		(+-			82-0413	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual rart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (incluo profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name of individual or entity (fundralser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		-					
		_					
Total	•						
3 List all states in which the organization		funds	or has	been notified it is ex	kemp	t from registrat	ion or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

		on Form 990-EZ, line 6a. List events with	(a) Event #1		(a) Other overta	
			BREAKFAST	(b) Event #2 ONLINE	(c) Other events NONE	(d) Total events (add col. (a) through
			EVENT (event type)	AUCTION (event type)	(total number)	col. (c))
	4	Cross resolute	20,151.	7,619.		27,770.
	1	Gross receipts				
	2	Less: Charitable contributions	16,985.	7,619.		24,604.
_	3	Gross income (line 1 minus line 2)	3,166.			3,166.
	4	Cash prizes				
2	5	Noncash prizes				
	6	Rent/facility costs				
הוובתו באאתו ומתו	7	Food and beverages	12,646.			12,646.
	8	Entertainment	11.001			11.550
	9	Other direct expenses				11,778.
	10	Direct expense summary. Add lines 4 throug				(24,424.
	11					<21,258
£		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered tes to Forn	1 990, Part IV, line 19, or f	eported more than	
		\$13,000 OII FOITH \$30-EZ, III e 0a.		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
5						
-	1	Gross revenue				
_	•					
2	2	Cash prizes				
	3	Noncash prizes				
לוובתו דלהמוממס	4	Rent/facility costs				
נ	5	Other direct expenses				
_			Yes %	Yes %	Yes %	,
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		►	(
	8	Net gaming income summary. Combine line	1, column (d), and line 7			
						Yes No
9	En	ter the state(s) in which the organization oper	ates gaming activities:			
		the organization licensed to operate gaming a	ctivities in each of these	states?		9a
k) If '	'No," explain:				
_				• • • • • • •		
		ere any of the organization's gaming licenses	revoked, suspended or t	erminated during the tax y	/ear?	10a
C	• II	"Yes," explain:				
1		bes the organization operate gaming activities				11
2		the organization a grantor, beneficiary or trust Iminister charitable gaming?		• •	•	12
320)2-03-10				orm 990 or 990-EZ) 200
				28		

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2009.04010 BLUE RIBBON COALITION INC 4913___1

Schedule G (Form 990 or 990-EZ) 2009 BLUE RIBBON COALITION INC

82-0413981 Page 3 Yes No

	000000000000000000000000000000000000000		
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility 13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address 🕨			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party \blacktriangleright \$			
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:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	47-	-	
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 the			
organization's own exempt activities during the tax year ► \$	n 000 or 0		

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932083 02-03-10

SCHEDULE M (Form 990)

Noncash Contributions

.



ntification number 0413981

Department of the Treasury Internal Revenue Service		990	organizations an), Part IV, lines 29 ▶ Attach to Form	Open to Put Inspection		
Nam	e of the organizatio	n	F	71110011101011		Employer identification n
		BLUE RIBBON	COALIT	ION INC		82-0413983
Pa	rt I Types of	Property				
			(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art					
2	Art - Historical trea	asures				
3		erests				
4		ations				
5		sehold goods				
6		hicles	X	7	2,722.	SALE PROCEEDS
7						
8		ty				
9		ly traded				
10		y held stock				
11	Securities - Partne	-				
		• •				
12		llaneous				
13	Qualified conserva	ation contribution -	_			
	Historic structures	s				
14		ation contribution - Other				
15	Real estate - Resi	dential	_			
16		mercial				
17		er				
18						
19						
20		al supplies				
21						
22		s				
23		ens				
24		facts				
25		DVERTISING)	Х	16	32,055.	INVOICE VALUE
26	Other 🕨 (Ā	UCTION ITEMS	Х	62	23,514.	AUCTION PROCEEDS
27	· · -	,, ,				
28	Other ► ()	-			
29	Number of Forms	8283 received by the orga	nization during	g the tax year for	contributions	
		anization completed Form 8				

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

932141 03-12-10

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: COLUMN B IS A COMBINATION OF THE NUMBER OF

CONTRIBUTIONS AND THE NUMBER OF ITEMS.

LINE 32A - VEHICLES OF CHARITY - WE HAVE A CONTRACT WITH METROPOLITAN ASSOCIATION FOR RETARDED CITIZENS, INC. DOING BUSINESS AS VEHICLES FOR CHARITY, 7721 WEST 6TH AVE., UNIT G., LAKEWOOD, CO 80214 (TELEPHONE 303-231-9222, EXT 134). THE DONOR CALLS THEIR TOLL-FREE NUMBER AND MAKES ARRANGEMENTS TO HAVE THE VEHICLE PICKED UP AND SOLD. AFTER THE SALE, THE DONOR IS PROVIDED WITH A DONATION RECEIPT FOR TAX PURPOSES. VEHICLE FOR CHARITY TAKES \$20 PLUS 30% OF THE VEHICLES SALE PRICE AS ITS FEE, TAKES CARE OF THE VEHICLE'S TITLE, DEDUCTS TOWING FEES AND TITLE FEES, THEN FORWARDS THE BALANCE TO BLUE RIBBON COALITION.

LINE 25 - AUCTION ITEMS. COMPANIES AND INDIVIDUALS DONATE EQUIPMENT AND ACCESSORIES FOR RECREATION VEHICLES TO BE USED IN AN ONLINE AUCTION. SOME ITEMS WERE GROUPED TOGETHER TO BE AUCTIONED. 62 SEPARATE AUCTIONS WERE CONDUCTED AND THE REVENUES REPORTED WERE THE AUCTION PROCEEDS.

LINE 26 - NATIONALLY DISTRIBUTED MAGAZINES DONATED ADVERTISING SPACE IN THEIR MAGAZINES. THE VALUE OF THE DONATIONS WAS DETERMINED BY THE PRICE LISTED ON THE ZERO-SUM INVOICES PROVIDED.

932142 02-08-10

Schedule M (Form 990) 2009

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31 2009.04010 BLUE RIBBON COALITION INC 4913___1

SCI	IEDULE O	

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number 82-0413981

OMB No. 1545-0047

Open to Public

BLUE RIBBON COALITION INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LANDS AND WATERS TO ENHANCE CONSERVATION OF RECREATION OPPORTUNITIES,

NATURAL RESOURCES AND ALL ASPECTS OF THE HUMAN ENVIRONMENT, INCLUDING,

BUT NOT LIMITED TO EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS,

ADMINISTRATIVE PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL

PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND OUTREACH TO GOVERNMENT OFFICIALS, ADMINISTRATIVE

PERSONNEL AND LAND MANAGERS, THE MEDIA, AND THE GENERAL PUBLIC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REPRESENTATION, LINKS TO OTHER ENTHUSIAST ORGANIZATIONS, AND OTHER

EDUCATIONAL MATERIALS.

BRC PUBLISHES AND NATIONALLY DISTRIBUTES A STATE OF THE ART MONTHLY

MAGAZINE TO HELP KEEP THE RECREATION COMMUNITY INFORMED ON CURRENT

ISSUES, ENTHUSIAST ACTIONS, AND OTHER PERTINENT INFORMATION.

BRC ALSO MAKES JUDICIOUS USE OF DIRECT MAIL MATERIALS TO EDUCATE,

INFORM AND FACILITATE INVOLVEMENT BY ENTHUSIASTS IN PUBLIC LAND USE

PLANNING PROJECTS.

WE COORDINATE OUR NATIONAL ACTIONS AND OFTEN PARTNER WITH LOCAL, STATE,

33

OR OTHER NATIONAL ASSOCIATIONS TO MAXIMIZE IMPACT AND ENSURE PRUDENT

USE OF PRECIOUS RESOURCES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

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2009.05000 BLUE RIBBON COALITION INC 4913__1

SCHEDULE O (Form 990) Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



Department of the Treasury Internal Revenue Service Name of the organization

BLUE RIBBON COALITION INC

Employer identification number 82-0413981

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MEANINGFUL "ON THE GROUND" SOLUTIONS.

WHERE THERE ARE GAPS IN LOCAL ENTHUSIAST INVOLVEMENT AND WHERE

APPLICABLE, THE BLUERIBBON COALITION ACTIVELY AND DIRECTLY ENGAGES IN

THOSE PLANNING PROCESSES ON BEHALF OF ITS MEMBERS.

WHERE APPROPRIATE, AND IN FURTHERANCE OF THE EXEMPT PURPOSES OF THE ORGANIZATION WITHIN THE LEGAL CONFINES OF THE IRS REGULATIONS FOR 501(C)(3) ORGANIZATIONS, THE BLUERIBBON COALITION LOBBIES ON BEHALF OF ITS MEMBERS ON LEGISLATIVE INITIATIVES AFFECTING RECREATIONAL FUNDING, RECREATIONAL ACCESS, AND OTHER SIMILAR ISSUES HAVING AN IMPACT ON RECREATION ON PUBLIC LANDS AND WATERS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE BOARD OF DIRECTORS THROUGH AN ELECTION PROCESS THAT TAKES PLACE AT THE ANNUAL MEMBERSHIP MEETING IN THE FALL OF EACH YEAR. DIRECTORS ARE ELECTED TO THE BOARD ON A ROTATIONAL SCHEDULE DETERMINED BY THE TERM THEY ARE ELECTED FOR AND THE DATE THEY WERE ELECTED.

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS OF THE GOVERNING BODY RELATED TO ARTICLES OF INCORPORATION AND BY-LAWS ARE SUBJECT TO APPROVAL BY VOTE OF THE MEMBERS.

34

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



Department of the Treasury Internal Revenue Service Name of the organization

BLUE RIBBON COALITION INC

Employer identification number 82 - 0413981

FORM 990, PART VI, SECTION B, LINE 11: FORMAL REVIEW OF THE 990 FORMS PRIOR TO FILING IS CONDUCTED BY THE TREASURER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. THE 990 FORMS (AS FILED) ARE DISTRIBUTED TO THE PRESIDENT OF THE BOARD OF DIRECTORS AND, IN TURN, DISTRIBUTED TO THE REMAINDER OF THE BOARD OF DIRECTORS VIA SECURE WEBSITE. NO FORMAL REVIEW IS DONE BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW, DISCUSSION, AND RESIGINING OF POLICY AT SPRING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE SEARCH AND HIRING PROCESS OF THE CURRENT EXECUTIVE DIRECTOR, THE BOARD OF DIRECTORS ASSIGNED A SEARCH COMMITTEE WHOSE EXPECTATIONS INCLUDED RESEARCH ON COMPENSATION FOR SIMILAR POSITIONS IN THE NON-PROFIT SECTOR. BASED ON THE FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE, THE BOARD OF DIRECTORS APPROVED A RANGE OF COMPENSATION. SIMILARILY, THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS EXPECTED TO RESEARCH AND MAKE RECOMMENDATIONS FOR BOARD APPROVAL OF SALARY RANGES FOR THE VARIOUS POSITIONS HELD BY KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE POSTED ON THE BRC WEBSITE AND OTHERWISE MADE AVAILABLE UPON REQUEST. CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE GENERALLY NOT AVAILABLE TO THE GENERAL PUBLIC EXCEPT IN THE EVENT OF REQUEST BY A GRANT APPLICATION, BANKING REQUEST, IN PERIODIC PUBLICATION FOR MEMBER EDUCATION AND/OR AS REQUIRED BY LAW.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



BLUE RIBBON COALITION INC

Employer identification number 82 - 0413981

THE ORGANIZATION'S BOARD OF DIRECTOR'S ASSUMES RESPONSIBILITY FOR

OVERSITE OF THE AUDIT AND SELECTION OF THE AUDITOR.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

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Form	4720					
Department of the Treasury						

Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0052

2009

41's m

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967) ► See separate instructions.

For calendar year 2009 or other tax year beginning , 2009, and ending	, .			
Name of organization or entity	Employer identification	Employer identification number		
BLUE RIBBON COALITION INC	82-0413981			
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)	Check box for type of ar	nual return:		
4555 BURLEY DRIVE, NO. STE A	X Form 990	Form 990-EZ		
City or town, state, and ZIP code	Form 990-PF			
CHUBBUCK, ID 83202-0003	Form 5227			
		Yes No		
A Is the organization a foreign private foundation within the meaning of section 4948(b)?				
B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported of	on this form? (Enter "N/A" if not applicable)	N/A		
If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable	, enter the fair market value of any property rec	overed as a		
result of the correction 🕨 \$ If "No," (i.e., any uncorrected acts, or trans	sactions), attach an explanation (see page 4 of t	he instructions).		
Part Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 494	4(a)(1), 4945(a)(1), 4955(a)(1), 4965(a)(1), and 4966(a)(1))			
1 Tax on undistributed income - Schedule B, line 4	1			
2 Tax on excess business holdings - Schedule C, line 7				
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)				
4 Tax on taxable expenditures - Schedule E, Part I, column (g)				
5 Tax on political expenditures - Schedule F, Part I, column (e)				
6 Tax on excess lobbying expenditures - Schedule G, line 4		1,394.		
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7			
8 Tax on premiums paid on personal benefit contracts				
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)				
10 Tax on taxable distributions - Schedule K, Part I, column (f)				
11 Tax on charitable remainder trust's unrelated business taxable income. Attach schedule				
12 Total (add lines <u>1 - 11)</u>		1,394.		
Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Do		ed Persons		

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

	(a) Name an	d address of person subject to tax		(b) Taxpayer identification number
a				
b				
C				
d				
	(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(f) Tax on political expenditures - Schedule F, Part II, col. (d)
a				
<u>b</u>				
C				
<u>d</u>				
Total				
	(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	(h) Tax on excess benefit transactions - Sch I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d)	(j) Tax on taxable distributions - Schedule K, Part II, col. (d)
a				
b				
C				
d				
Total				
	(k) Tax on prohibited benefits - Sch L, Part II, col. (d) and Part III, col. (d)			(I) Total - Add cols. (c) through (k)
a	-			
b				
C				
d				
Total				

2009.04010 BLUE RIBBON COALITION INC

4913 1

							81 Page 2
Part II		nary of Taxes (See Tax Paym			ions.)	1	
	the taxes listed in						
	ons, donors, dono amount from Part		1				
2 Total	tax. Add Part), li	II-A, column (I) ne 12, and Part II-B, line 1. (Make checki	(s) or money or	ier(s) pavable		•	
		easurv.)				2	1,394.
		SCHEDULE A - I	nitial Taxes	s on Self-Dea	ling (Section 4941)		
Part I		Self-Dealing and Tax Com	outation				
(a) Act number	(b) Date of act			(c) Description) of act		
	01 000						
2							
3							
4							
5							
(d)		r from Form 990-PF, Part VII-B, or art VI-B, applicable to the act	(e) Amount	t involved in act	(f) Initial tax on self- dealing (10% of col. (e))	(if applicable)	ndation managers (lesser of \$20,000 of col. (e))
Part II	0		 	Duquetion	Dermeente		
		ary of Tax Liability of Self-D	ealers and	(b) Act no. from	(c) Tax from Part I, col. (f),	(d) Self-de	aler's total tax
	(a)	Names of self-dealers liable for tax		Part I, col. (a)	or prorated amount	liability (add ar (see page 6 of	nounts in col. (c)) the instructions)
						_	
8							
Part I		ary of Tax Liability of Found	lation Man	(b) Act no. from	(c) Tax from Part I, col. (g),	(d) Manager's	s total tax liability
	(a) Nam	es of foundation managers liable for tax		Part I, col. (a)	or prorated amount	(add amou (see page 6 of	s total tax liability ints in col. (c)) f the instructions)
						(000 puge 0 0	<u></u>
							<u> </u>
			-				
			-17. *				
		SCHEDULE B - Initi			, ,		
		ne for years before 2008 (from Form 990 ne for 2008 (from Form 990-PF for 2009					
		income at end of current tax year beginn					
		(add lines 1 and 2)	-			3	
_4 Ta		line 3 here and on page 1, Part I, line 1				4	
924071 12-09-09				-			Form 4720 (2009)
				2			

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SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions on page 7 for each line item before making any entries.

Name and address of business enterprise

Employer identification number 🕨

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

			(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1			
2	Permitted holdings in business enterprise	2			
3 4	Value of excess holdings in business enterprise Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach explanation)	3			
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5			
6 7	Tax - Enter 10% of line 5 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on page 1, Part I, line 2	6 7			

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I **Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(1) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
- <u> </u>	_				
- 2					
3					
4					
5					
Total - colum					
Total colum					

Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)
			_
			_
			_
			4
924081			Form 4720 (2009)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures a	nd Computati	ion of Tax			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	f recipient	(e) Description of expenditure and purposes for which made	
1						
2						
3						
4						
5						
	tion number from Form 990- 5227, Part VI-B, applicable to		(g) Initial tax imposed on (20% of col. (b)			ndation managers (if applicable)- 10 or 5% of col. (b))
Total - co	blumn (g). Enter here and on					
	art I, line 4					
Total - co	olumn (h). Enter total (or pror	rated amount) here a	nd in Part II, column (c),			
Part	Summary of Ta	ax Liability of	Foundation Managers	and Proration	of Payments	
		oundation managers			(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I	Expenditures	and Computati	on of Tax			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(C) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))	
1						
2			· · · · · · · · · · · · · · · · · · ·			
3						
4						
5						
Total - column (e). Enter here and on page 1, Part I, line 5						

Total - column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Partil	Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments							
	 (a) Names of organization managers or foundation managers liable for tax 		(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions)			
			<u> </u>					
				_				
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SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4)

1	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See page 11 of the instructions before making entry.)	1	83.
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See page 11 of the instructions before making entry.)	2	5,576.
3	Taxable lobbying expenditures - enter the larger of line 1 or line 2	3	5,576.
4_	Tax - Enter 25% of line 3 here and on page 1, Part I, line 6	4	1,394.

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

(a) Ite numb	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1				
2				
3				
4				
5				
<u>Total -</u>				

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax llability (add amounts in col. (c)) (see page 11 of the instructions)
·			

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

- 20	Part I	Excess Benef	Excess Benefit Transactions and Tax Computation								
-	(a) Transaction number	(b) Date of transaction		(c) Description of transaction							
•	1										
	2										
	3										
	4				-						
	5										
_		(d) Amount of excess	benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax оп organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))						
_											

Form 4720 (2009)

924101 12-09-09

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SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued							
Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments							
(b) Trans. no. from Part i, col. (a)	(C) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)					
	(b) Trans. no. from	(b) Trans. no. from (C) Tax from Part I, col. (e),					

Part III Summary of Tax Liability of 501(c)(3) & (4) Or	ganization Manage	rs and Proration of	Payments
(a) Names of 501(c)(3) & (4) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, col. (f), or prorated amount	(1) Manager's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)
			-

	SCHEDULE	J - Taxes on Being	g a Party to P	rohibited Tax Shelt	ter Transac	ctions (Section 4965)
Part I		x Shelter Transacti				
		(c) Type of transaction				
(a) Transaction number	(b) Transaction date	1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction			
1						
2						
3						_
4						
5						
have reason was a PTST	tax-exempt entity know n to know this transact when it became a part s.? Answer Yes or No	іол	utable to the PTST	(g) 75% of proceeds attri PTST	butable to the	(h) Tax imposed on the tax-exempt entity (see page 14 of the instructions)
T 1 1 1	A	an accord Doubl Bas 0				1

Total - column (h). Enter here and on page 1, Part I, line 9 924102 12-09-09

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BLUE RIBBON COALITION INC

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Part II	Part II Tax Imposed on Entity Managers (Section 4965) Continued						
	(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(C) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))			
	-						

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See page 14 of the instructions.

Part I	Taxable Distributions and Tax C	computation		
(a) Item number	(b) Name of sponsoring orga donor advised fun			(c) Description of distribution
1				
2				
3				
4				
(d) Date distribu		(f) Tax imposed o (20% of c	•	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
T otal - colum	n (f). Enter here and on page 1, Part I, line 10			

Total - column (g). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			-
			-

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SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See page 14 of the instructions.

Part I	Prohibited Be	nefits and Tax C	omputation				
(a) Item number	(b) Date of prohibited benefit			(c) Description of benefit			
1							
2							
3							
4							
5							

(d) Amount of prohibited benefit	(e) Tax on prohibited benefit (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)		

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments

(a) Names of donors, donor advisor, or related persons liable for tax	(b) Item no. from Part I, coi. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)
		_	
			-
· · · ·			
	-		
			-

Part III Tax Liability of Fund Managers and Proration of Payments (a) Names of fund managers liable for tax (b) Item no. from Part I, col. (a) (c) Tax from Part I, col. (f) or prorated amount (d) Fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers liable for tax Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers liable for tax Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers liable for tax Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers liable for tax Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers liable for tax Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers liable for tax Image: State of fund managers total tax liability (add amounts in col. (c)) (see Instructions) Image: State of fund managers total tax liability (add amounts in col. (c)) Image: State of fund managers total tax liability (add amounts in col. (c)) Image: State of fund managers total tax liability (add amounts in col. (c)) Image: State of fund managers total tax liability (add amounts in col. (c))<

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		EXECUTIVE DIRECTOR					
	Signature of officer or tro	ustee		Title	Date		
Sign Here	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person						
	Signature (and organizat or related person	tion or entity name if applicable) of mana	iger, self-dealer, disqualified person, do	nor, donor advisor,	Date		
	Signature (and organization or related person	tion or entity name if applicable) of mana	ager, self-dealer, disqualified person, do	nor, donor advisor,	Date		
	Signature (and organizator related person	tion or entity name if applicable) of mana	ager, self-dealer, disqualified person, do	nor, donor advisor,	Date		
Paid Preparer's Use Only	Preparer's signature	Glilow. Let	Date 11/11/10	if colf-	arer's SSN or PT 052253		
	Firm's name (or DEATON & COMPANY, CHARTERED				EIN 82-0338741		
	Firm's name (or yours if self-employed), address, and ZIP code	DEATON & COMPANY 215 N 9TH, SUITE		EIN 82-033	8741		

v