DLN: 93492159006120

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

			ır, or	tax year beginning 01-01-2009 , and ending :	12-31-2				
_		applicable Plea		C Name of organization ENTERPRISE SOLUTIONS INSTITUTE		D	Emplo	yer i	identification number
	Name change use IRS label or DBA INTERWEAVE SOLUTIONS 26-0870014								
П	print or type. Number and street (of P o box, if mail is not delivered to street address) Room/suite Print or type. 1800 NORTH STATE								
Гт	Terminated See (801) 377-0038								
_		d return Spec		City or town, state or country, and ZIP + 4 PROVO, UT 84604		F	Group Numbe		nption b-
A	pplicatio	on pending tion	s.	,			Numbe	-1	•
♦ Se	ction			ns and 4947(a)(1) nonexempt charitable trusts npleted Schedule A (Form 990 or 990-EZ). 📆		counting meth		<u>-</u> Са	ash 🗸 Accrual
T 14/	s bait a	: WWW ENTERP	RISE	SOLLITION ORG	н	Check ► 「	fthe	orga	nızatıon
				2) — 501(c) (3) ◀(insert no) 4947(a)(1) or 527		s not required			00 F7000 DE\
		-	•	s not a section 509(a)(3) supporting organization and if					90-EZ, or 990-PF)
				n 990 return is not required, but if the organization choos					
				etermine gross receipts, if \$500,000 or more, file Form 990 instead			- \$		267,042
Pa	rt I	Revenue, Ex	pen	ses, and Changes in Net Assets or Fund Ba	lance	S (See the inst	ructio	ns fo	
	1	Contributions, gif	ts, gı	ants, and similar amounts received			L	1	264,933
	2	Program service i	rever	ue including government fees and contracts			L	2	
	3	Membership dues	and	assessments			L	3	
	4	Investment incon	ne				L	4	2,109
	5a	Gross amount fro	m sa	le of assets other than inventory	5a				
è	b	Less cost or othe	er ba	sıs and sales expenses	5b				
Revenue	С	Gain or (loss) from	m sal	e of assets other than inventory (Subtract line 5b from	line 5a)		-	5c	
Ŏ C	6	Special events ar	nd ac	tivities (complete applicable parts of Schedule G) If an	ıy amou	nt ıs from gami	ng,		
	а	Gross revenue (n	ot in	cluding \$ _of contributions					
		reported on line 1	.)		6a				
	ь	Less direct expe	nses	other than fundraising expenses	6b				
	_ c	Net income or (lo	ss) fi	om special events and activities (Subtract line 6b from	ı lıne 6a)		6c	
	7a	•	-	ry, less returns and allowances	7a]	F		
	b	Less cost of goo			7b				
		J		rom sales of inventory (Subtract line 7b from line 7a)	7.5	1	-	7.	
	C				• •		∵ -	7c	
	8	Other revenue (de		be =es 1, 2, 3, 4, 5c, 6c, 7c, and 8			- ⁾ -	8	267.042
	9				• •			9	267,042
	10			ounts paid (attach schedule)	•		—	10	
	11	Benefits paid to o					 	11	
_	12	•	•	nsation, and employee benefits			• -	12	43,055
Ş	13	Professional fees	and	other payments to independent contractors			.	13	6,642
Expenses	14			ies, and maintenance			·	14	396
வ்	15	5	•	postage, and shipping			L	15	
	16	Other expenses ((desc	ribe 🏲 😇			_)	16	194,162
	17	Total expenses. A	dd li	nes 10 through 16		•		17	244,255
<u>ب</u>	18	Excess or (deficit	t) for	the year (Subtract line 17 from line 9)				18	22,787
Net Assets	19	Net assets or fun	d bal	ances at beginning of year (from line 27, column (A)) (n	nust ag	ee with			
4		end-of-year figure	e rep	orted on prior year's return)				19	106,977
ž	20	Other changes in	neta	assets or fund balances (attach explanation)				20	
	21	Net assets or fun	d bal	ances at end of year Combine lines 18 through 20		•		21	129,764
Pa	rt II	Balance She	ets-	If Total assets on line 25, column (B) are \$1,250,000	or mor	e, file Form 99	nst	ead o	of Form 990-EZ
		•		<u> </u>	(A) Beg	inning of year	+	(E	3) End of year
		, savings, and inve	stme	nts		106,68			130,108
		and buildings .	_ ওচন				23		
		r assets (describe	► <u>™</u>)		1,78	+		1,386
		assets				108,46			131,494
		liabilities (describ	-				2 26		1,730
27	Net a	ssets or fund balar	nces (line 27 of column (B) must agree with line 21) .		106,97	7 27		129,764

Part III Statement of Program What is the organization's primary exempt		nents (See the instruction	s for Part III)	(Red	Expenses quired for section 501
INTERWEAVE SOLUTIONS ENABLES PERELIANT THROUGH INNOVATIVE PROTHE BEST PRACTICES OF BOTH BUSIN HELPS PEOPLE STAND ON THEIR OWN OVERCOME POVERTY AND SUFFERING JOINING OUTSTANDING LOCAL ORGA COMMUNITIES TO GENERATE THEIR ORIGHTS, PEACE, ENVIRONMENT AND E	(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)				
Describe what was achieved in carrying of describe the services provided, the number program title					
28 OPERATIONAL ASSISTANCE AND E AFRICA INCLUDING WATER PURIFICA LITERACY INITIATIVES		Y PRODUCTION, REF	ORESTATION, AND	28a	226,542
29			·		, , , , , , , , , , , , , , , , , , ,
(Grants \$) If th	ıs amount ıncludes foreıgn	grants, check here .	▶┌	29a	
(Grants \$) Ifth	ıs amount ıncludes foreign (grants, check here .	▶┌	30a	
31 O ther program services (attach schedu (Grants \$) If th	ule)	rants chack here	.	24-	
32 Total program service expenses (add lir			· · · · · · · · · · · · · · · · · · ·	31a 32	226,542
Part IV List of Officers, Directors, Tr			1		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances
PAUL SAVAGE 1800 EAGLE GATE TOWER 60 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84111	MEMBER O	0			
JENNIFER CURTIS 8911 SOUTH MEADOW DRIVE PROVO, UT 84604	MEMBER O	0			
KIMBERLEE ANDERSON 814 DAKOTA AVE FARMINGTON, UT 84025	MEMBER O	0			

_				•
ν	а	а	_	
	а	ч	_	

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	1 22		N. a
24	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	33		No
34	changes	34		N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved . 386	300		
39	Section 501(c)(7) organizations. Enter	1		
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
-t va	section 4911, section 4912, section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 RUTH ANN ANDREASON Telephone no	► (80	1) 377	-0038
	PO BOX 970070 Located at ▶ OREM, UT ZIP + 4	▶ _84	1097	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	. 03	No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕒			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
-	Form 990-EZ.	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			
		45		No
		Form 9	90-F7	(2009

Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	1 4947(a)(1) nonexem	-		-	stions
46	Dıd the	organization engage in direct	or indirect political can	npaign activities on behal	f of or in opposition to		Yes	No
	candida	ates for public office? If "Yes,"	complete Schedule C,	Part I		46		No
47	Dıd the	organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C, Pa	rt II	47		Νo
48	Is the	organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," complete s	Schedule E	48		Νo
49a	Did the	organization make any transfe	ers to an exempt non-cl	harıtable related organıza	tion?	49a		No
b	If "Yes	," was the related organization	a section 527 organiza	ation?		49b		
		ete this table for the organizati rees) who each received more t			·			
	Name a	nd address of each employee more than \$100,000	(b) Title and average hours per week devoted to position	e (c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e	e) Exper ccount a er allowa	and
N O N E	Ē							
50(f)	Total	number of other employees pa	ıd over \$100,000 .			-		
		ete this table for the organizati pensation from the organization			ractors who each received r	more th	an \$10	0,000
	(a) Nar	ne and address of each indepe	ndent contractor paid m	nore than \$100,000	(b) Type of service	(c) (ompen	sation
NONE	Ī							
51(d)) Total	number of other independent o	ontractors each receiv	ing over \$10				
		Under penalties of perjury, I declare t and belief, it is true, correct, and com						
Plea: Sign Here		***** Signature of officer						
		DAVID CURTIS PRESIDENT Type or print name and title						
Paid Drama	s	Preparer's M PAUL WINWARD CPA		Date 2010-06-08				
Prepa Use C	nlv I	f self-employed),	COMPANY PC					
	, a	address, and ZIP + 4 1329 SOUTH 800 EAST						

OREM, UT 840977737

May the IRS discuss this return with the preparer shown above? See instruction

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization ENTERPRISE SOLUTIONS INSTITUTE DBA INTERWEAVE SOLUTIONS 26-0870014

							20-00/0014			
Pai	rt I	Reason	for Pub	olic Charity Stat	us (All organizations i	nust complete this par	t.) See instruc	tions		
The c	organı	zatıon ıs not	a private	foundation because	e it is (For lines 1 throug	h 11, check only one box)			
1	Γ	A church, c	onventic	n of churches, or as	sociation of churches se	ction 170(b)(1)(A)(i).				
2	Γ	A school de	scribed	ın section 170(b)(1)	(A)(ii). (Attach Schedule	₽ E)				
3	Γ	A hospital	or a coop	erative hospital serv	vice organization describ	ed in section 170(b)(1)(A)(iii).			
4	Γ			organization operate y, and state	ed in conjunction with a h	ospital described in secti o	on 170(b)(1)(A)	(iii). Ente	r the	
5	\vdash	An organiza	ition ope	rated for the benefit	of a college or university	owned or operated by a g	overnmental unı	t describe	_ ed in	
		section 170	(b)(1)(<i>A</i>	\)(iv). (Complete Pa	rt II)					
6	Γ	A federal, s	tate, or l	ocal government or	governmental unıt descrı	bed in section 170(b)(1)(A)(v).			
7	Γ	described i	n	t normally receives a	·	upport from a government	al unit or from th	e general	public	
8	Г	A communi	ty trust o	described in section	170(b)(1)(A)(vi) (Comp	lete Part II)				
9	굣	An organiza	ition that	normally receives	(1) more than 331/3% of	its support from contribut	tions, membersh	ıp fees, aı	nd gros	SS
		receipts fro	m activi	ties related to its ex	empt functions—subject t	o certain exceptions, and	l (2) no more tha	n 331/3%	of	
		ıts support	from gro	ss investment incom	ne and unrelated business	s taxable income (less se	ction 511 tax) fr	om busine	esses	
		acquired by	the orga	anızatıon after June 3	30, 1975 See section 50	9(a)(2). (Complete Part I	II)			
10	Γ	An organiza	ition org	anized and operated	exclusively to test for pu	blic safety See section 50	09(a)(4).			
11	Γ	one or more	publicly t describ	supported organiza	tions described in section orting organization and co	it of, to perform the function 509(a)(1) or section 50 mplete lines 11e through Functionally integrated	9(a)(2) See sec 11h		a)(3).	Check
e	Γ		oundatio			lled directly or indirectly b cly supported organization				
f			. , . ,	eceived a written de	termination from the IRS	that it is a Type I, Type I	I or Type III su	pporting o	rganız	ation,
		check this								Γ
g		_		006, has the organiz	ation accepted any gift o	r contribution from any of	the			
		following pe		ectly or indirectly co	introls, either alone or too	jether with persons descr	ibed in (ii)		Yes	No
					the supported organizat		(,	11g(i)		
				r of a person describ				11g(ii)		
				•	described in (i) or (ii) ab	ove?		11g(iii)		
h					the supported organization					
				(iii)	(iv)	(v)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Type of Is the organization in col (i) listed in your governing		Did you no organiza col (i) o suppo	otify the tion in if your	(vi Is t organiza col (i) or in the l	he ition in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge				+		
	Total. Add lines 1 through 3 The portion of total contributions by						
5	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						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	` ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	33 1/3% support test—2009. If the	-		,	line 14 is 33 1/3%	6 or more, chec	- -
_	and stop here. The organization qua				- 11 4-		▶
Ь	33 1/3% support test—2008. If the box and stop here. The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						▶ ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the agreement	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total ın) Gifts, grants, contributions, and 297,893 264,933 562,826 membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 297,893 264,933 562,826 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c 562,826 from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2009 **(b)** 2006 (a) 2005 (c) 2007 (d) 2008 (f) Total in) 297,893 264,933 562,826 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on 2,109 2,109 securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,109 2,109 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 297,893 267,042 564,935 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 15 15 99 630 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 100 000 % 17 %

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from 2008 Schedule A , Part III, line 17	18	

- 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
 - 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
 - Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492159006120

TY 2009 Compensation Explanation

Name: ENTERPRISE SOLUTIONS INSTITUTE

DBA INTERWEAVE SOLUTIONS

Person Name	Explanation
PAUL SAVAGE	
JENNIFER CURTIS	
KIMBERLEE ANDERSON	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492159006120

TY 2009 Other Assets Schedule

Name: ENTERPRISE SOLUTIONS INSTITUTE

DBA INTERWEAVE SOLUTIONS

Description	Beginning of Year Amount	End of Year Amount
EQUIPMENT	1,980	1,980
LESS ACCUMULATED DEPRECIATION	198	594
	1,782	1,386

TY 2009 Other Expenses Schedule

Name: ENTERPRISE SOLUTIONS INSTITUTE

DBA INTERWEAVE SOLUTIONS

Description	Amount
EXPENSES	
OFFICE	5,907
INTERNET	844
TRAVEL	28,095
OPERATIONAL ASSISTANCE	154,719
OTHER	119
SUPPLIES	4,478

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492159006120

TY 2009 Other Liabilities Schedule

Name: ENTERPRISE SOLUTIONS INSTITUTE

DBA INTERWEAVE SOLUTIONS

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,492	1,730
	1,492	1,730