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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ITHACA PUBLIC EDUCATION INITIATIVE, INC.		D Employer identification number 16-1506703
		Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 4268		E Telephone number (607) 257-6177
		City or town, state or country, and ZIP + 4 ITHACA, NY 14852-4268		F Group Exemption Number Number ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **WWW.IPEI.ORG**

J Organization type (check only one) — ☒ 501(c) (03) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **408,962.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	201,989.
	2	Program service revenue including government fees and contracts	2	9,013.
	3	Membership dues and assessments	3	355.
	4	Investment income	4	8,658.
	5a	Gross amount from sale of assets other than inventory STMT 2	5a	177,027.
	5b	Less: cost or other basis and sales expenses	5b	236,589.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-59,562.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	11,920.
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,920.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	172,373.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4	10	113,888.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	13,974.
	14	Occupancy, rent, utilities, and maintenance	14	1,060.
	15	Printing, publications, postage, and shipping	15	18,540.
	16	Other expenses (describe ▶) SEE STATEMENT 1	16	29,542.
	17	Total expenses. Add lines 10 through 16	17	177,004.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,631.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	370,923.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	17,505.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	383,797.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	381,455.	391,972.
23 Land and buildings		
24 Other assets (describe ▶ PLEDGES RECEIVABLE)	11,000.	10,000.
25 Total assets	392,455.	401,972.
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)	21,532.	18,175.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	370,923.	383,797.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	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	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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	X
41 List the states with which a copy of this return is filed. ▶ NY		
42a The books are in care of ▶ LAP CO., INC. Telephone no. ▶ 607-272-4792 Located at ▶ 309 THIRD STREET, ITHACA, NY ZIP + 4 ▶ 14850		
b 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)?	42b	X
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	X
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 ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Terry R. Byrnes Date 5-10-10

Type or print name and title TERRY R. BYRNES PRESIDENT

Paid Preparer's Use Only Preparer's signature [Signature] Date 05/07/10 Check if self-employed ☐ Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 CDIM & COMPANY CPA'S, LLP EIN

401 E. STATE ST., SUITE 500 Phone no. 607-272-4444

ITHACA, NY 14850

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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Part II 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.)

Section A. Public Support

Calendar 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.")	101,430.	285,036.	210,830.	213,902.	202,344.	1013542.
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 the organization without charge						
4 Total. Add lines 1 - 3	101,430.	285,036.	210,830.	213,902.	202,344.	1013542.
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)						263,169.
6 Public Support. Subtract line 5 from line 4						750,373.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	101,430.	285,036.	210,830.	213,902.	202,344.	1013542.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	531.	2,223.	11,825.	10,576.	8,658.	33,813.
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						1047355.
12 Gross receipts from related activities, etc. (see instructions)					12	78,434.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	71.64 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	74.57 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. 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 ▶ ☐

b 33 1/3% support tests - 2007. 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 ▶ ☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
EDUCATIONAL PROGRAMS	7,375.
BANK FEES	2,076.
DEVELOPMENT	20,091.
TOTAL TO FORM 990-EZ, LINE 16	29,542.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	177,027.	236,589.	0.	-59,562.
TO FORM 990-EZ, LINE 5	177,027.	236,589.	0.	-59,562.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	17,505.
TOTAL TO FORM 990-EZ, LINE 20	17,505.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL AARON BUCK	NONE	500.
EDUCATIONAL ABIGAIL BOKAER	NONE	500.
EDUCATIONAL ALEXIS LORD	NONE	500.
EDUCATIONAL ALI GOLDEN	NONE	450.
EDUCATIONAL ANDREA VOLCKMAR	NONE	500.
EDUCATIONAL BABARA ALM	NONE	500.
EDUCATIONAL BABARA SALAMON	NONE	400.
EDUCATIONAL BETH WIXSON	NONE	523.
EDUCATIONAL BEVERLY D SCHMIDT	NONE	500.

EDUCATIONAL BILL LIDDICK	NONE	500.
EDUCATIONAL BLICK ART MATERIALS	NONE	980.
EDUCATIONAL CAITLIN BAXTER	NONE	200.
EDUCATIONAL CAREN ARNOLD	NONE	750.
EDUCATIONAL CAROL SPENCE	NONE	650.
EDUCATIONAL CELIA CLEMENT	NONE	1,000.
EDUCATIONAL CHRIS BELL	NONE	1,000.
EDUCATIONAL CHRIS WILBUR	NONE	165.
EDUCATIONAL CLAIR MICHELLE VIOLA	NONE	986.
EDUCATIONAL CLAUDIA MIETTUNEN	NONE	300.

EDUCATIONAL COMBINED CLASS	NONE	700.
EDUCATIONAL C. BUCKLEY MEMORIAL FUND	NONE	1,500.
EDUCATIONAL CREATIVE INDUSTRIES	NONE	584.
EDUCATIONAL SENIOR CLASS	NONE	150.
EDUCATIONAL LOEHR TEACHER GRANT	NONE	625.
EDUCATIONAL DEANNA CROSSGROVE	NONE	160.
EDUCATIONAL DEBORAH JORDAN	NONE	344.
EDUCATIONAL DEWITT SCHOOL ACTIVITIES	NONE	95.
EDUCATIONAL DIANE CARRUTHERS	NONE	420.
EDUCATIONAL DONN CARROLL	NONE	275.

EDUCATIONAL DR. CATHEREN CONNERY	NONE	500.
EDUCATIONAL ELLEN ROWE	NONE	452.
EDUCATIONAL GREGORY B RUDGERS	NONE	700.
EDUCATIONAL HALEY EVANOSKI	NONE	50.
EDUCATIONAL HEATHER SCOTT	NONE	1,000.
EDUCATIONAL HELEN WYVILL	NONE	150.
EDUCATIONAL ITHACA SCHOOL DISTRICT	NONE	19,775.
EDUCATIONAL ITHACA HIGH SCHOOL CHOIR	NONE	350.
EDUCATIONAL ITHACA COLLEGE	NONE	300.
EDUCATIONAL ITHACA HIGH SCHOOL SENIOR CLASS	NONE	250.

EDUCATIONAL JAYNE PORT	NONE	750.
EDUCATIONAL JENNIFER GOODMARK	NONE	500.
EDUCATIONAL JENNIFER GROFF	NONE	500.
EDUCATIONAL JOANNE CHURCH	NONE	400.
EDUCATIONAL JOBY GREENSPUN	NONE	378.
EDUCATIONAL JOCELYN LUTTER CARVER	NONE	500.
EDUCATIONAL JUDY COGAN	NONE	1,000.
EDUCATIONAL JULIE MUZZY	NONE	860.
EDUCATIONAL JULIE STAMM	NONE	526.
EDUCATIONAL KAREN OLSEN	NONE	500.

EDUCATIONAL KAREN WERNER	NONE	340.
EDUCATIONAL KATHRYN CEMERA	NONE	50.
EDUCATIONAL WAYNE GOTTLIEB	NONE	50.
EDUCATIONAL KATHY MCLAREN	NONE	250.
EDUCATIONAL KELLY CRAFT	NONE	1,055.
EDUCATIONAL KIP WILCOX	NONE	275.
EDUCATIONAL LACS BAND ORCHESTRA FUND	NONE	500.
EDUCATIONAL LAURA PFEIFER	NONE	500.
EDUCATIONAL LOEHR STUDENT AWARD	NONE	100.
EDUCATIONAL LORRAINE TINO	NONE	450.

EDUCATIONAL LOUISE YAVELow FURNAS	NONE	500.
EDUCATIONAL MARCELLA COX	NONE	330.
EDUCATIONAL MARCIE KIDD	NONE	526.
EDUCATIONAL MARGARET STEINACHER	NONE	500.
EDUCATIONAL MARIE SADUSKY	NONE	100.
EDUCATIONAL MARY COLE	NONE	500.
EDUCATIONAL MARYTERESE PASQUALE-BOWEN	NONE	783.
EDUCATIONAL MICHELLE KORNREICH	NONE	429.
EDUCATIONAL MOIRA LANG	NONE	500.
EDUCATIONAL NAN BELL	NONE	500.

EDUCATIONAL NICOLE DAURIA	NONE	1,030.
EDUCATIONAL NORTHEAST ELEMENTARY SCHOOL	NONE	432.
EDUCATIONAL PATRICIA AMATO	NONE	800.
EDUCATIONAL PATRICIA GAINES	NONE	100.
EDUCATIONAL RACHEL NASCIMENTO	NONE	487.
EDUCATIONAL REBECA PORRAS	NONE	500.
EDUCATIONAL RICH A SCHLENKER	NONE	175.
EDUCATIONAL ROBERT WINANA	NONE	50.
EDUCATIONAL NATHAN PARKER	NONE	50.
EDUCATIONAL SALVATION ARMY	NONE	200.

EDUCATIONAL SARAH JANE BOKAER	NONE	100.
EDUCATIONAL IRA RABOIS	NONE	100.
EDUCATIONAL SHANNON COCKBILL	NONE	1,000.
EDUCATIONAL SHARON NELSON	NONE	620.
EDUCATIONAL SHARON OSSENT	NONE	1,609.
EDUCATIONAL SUSAN ESCHBACH	NONE	350.
EDUCATIONAL SUSANNE KUNTZ	NONE	500.
EDUCATIONAL TERESE ZADI	NONE	398.
EDUCATIONAL TRACI WASHBURN	NONE	500.
EDUCATIONAL TRACY ROBBINS	NONE	500.

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EDUCATIONAL VALERIE WHITE	NONE	500.
EDUCATIONAL VERA HOWE-STRAIGHT	NONE	500.
EDUCATIONAL WAYNE GOTTBLEB	NONE	300.
EDUCATIONAL WENDY WICKER	NONE	118.
EDUCATIONAL WISE PROGRAM	NONE	500.
EDUCATIONAL KIDS DISCOVER THE TRAIL - ITHACA CITY SCHOOL	NONE	49,033.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		113,888.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 6
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
KEVIN BREW PO BOX 4268, ITHACA, NY 14852	TRUSTEE 2.50	0.	0. 0.
CHUCK BRODHEAD PO BOX 4268, ITHACA, NY 14852	TRUSTEE 7.50	0.	0. 0.
JENNIFER ENGEL-YOUNG PO BOX 4268, ITHACA, NY 14852	VICE PRESIDENT 10.00	0.	0. 0.
FRAN KOZEN PO BOX 4268, ITHACA, NY 14852	TRUSTEE 5.00	0.	0. 0.
KATE PEARCE PO BOX 4268, ITHACA, NY 14852	TRUSTEE 1.00	0.	0. 0.
DAVID SHOEMAKER PO BOX 4268, ITHACA, NY 14852	TRUSTEE 2.50	0.	0. 0.
GABRIELE WEBER PO BOX 4268, ITHACA, NY 14852	TRUSTEE 2.50	0.	0. 0.
GEORGE TABER PO BOX 4268, ITHACA, NY 14852	TRUSTEE 5.00	0.	0. 0.
JULIE LANGENBACHER PO BOX 4268, ITHACA, NY 14852	TRUSTEE 2.50	0.	0. 0.
DAVID LEE PO BOX 4268, ITHACA, NY 14852	TRUSTEE 5.00	0.	0. 0.
SUSAN PILIERO PO BOX 4268, ITHACA, NY 14852	TRUEASURER/SECRETARY 15.00	0.	0. 0.
TERRY BYRNES PO BOX 4268, ITHACA, NY 14852	PRESIDENT 15.00	0.	0. 0.
MARY GRAINGER PO BOX 4268, ITHACA, NY 14852	TRUSTEE 15.00	0.	0. 0.
PAUL MARINO PO BOX 4268, ITHACA, NY 14852	TRUSTEE 2.50	0.	0. 0.

ITHACA PUBLIC EDUCATION INITIATIVE, INC.

16-1506703

MATTHEW MACKERER	TRUSTEE			
PO BOX 4268, ITHACA, NY 14852	2.50	0.	0.	0.
PAT TEMPESTA	TRUSTEE			
PO BOX 4268, ITHACA, NY 14852	2.50	0.	0.	0.
ANN CAREN	TRUSTEE			
PO BOX 4268, ITHACA, NY 14852	2.50	0.	0.	0.
ERIC TAYLOR	TRUSTEE			
PO BOX 4268, ITHACA, NY 14852	2.50	0.	0.	0.
ROBERT CAMACHO	TRUSTEE			
PO BOX 4268, ITHACA, NY 14852	1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

990-EZ PG 2

STATEMENT 7

KIDS DISCOVER THE TRAIL - CLASSES FROM KINDERGARTEN THROUGH GRADE 5 WILL EACH VISIT ONE OF THE EIGHT SITES ON THE DISCOVERY TRAIL, WHICH INCLUDES 7 MUSEUMS AND THE PUBLIC LIBRARY.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ITHACA PUBLIC EDUCATION INITIATIVE, INC.	16-1506703
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	PO BOX 4268	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ITHACA, NY 14852-4268	

Check type of return to be filed (File a separate application for each return).

- ☐ Form 990
 ☒ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
 ☐ Form 990-PF
 ☐ Form 990-T (trust other than above)
 ☐ Form 4720
 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LAP CO., INC.

- The books are in the care of **309 THIRD STREET - ITHACA, NY 14850**
 Telephone No. **607-272-4792** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER ALL THE INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CRA** Date **2/15/10**

Form 8868 (Rev. 4-2009)

990-EZ PG 2

STATEMENT 8

TO DEVELOP SUPPORTIVE COMMUNITY AND PRIVATE SECTOR RELATIONSHIPS WITH THE
ITHACA CITY SCHOOL DISTRICT.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization ITHACA PUBLIC EDUCATION INITIATIVE, INC.	Employer identification number 16-1506703
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 4268	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ITHACA, NY 14852-4268	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

LAP CO., INC.

- The books are in the care of ► **309 THIRD STREET - ITHACA, NY 14850**
Telephone No ► **607-272-4792** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)