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990-EZ

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Short Form **Return of Organization Exempt From Income Tax**

OMB No. 1545-1150 20**0**9

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 to be assets less than \$1,250,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Tressury ➤ The organization may have to use a copy of this return to satisfy state reporting require Internal Revenue Service A For the 2009 calendar year, or tax year beginning 7-1-2008 2009, and ending 6.30 . 200 D Employer Identification number C Name of organization B Check if applicable Address change Name change Number and street (or P.O. box, if mail is not deliver E-Telephone number Room/sulte print or initial return Terminated F Group Exemption Amended return Application pending Number > G Accounting Method: Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not lub 0+ Website: ▶ required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). Check Fig. 1 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received . . . 2 Program service revenue including government fees and contracts 2 3 3 4 Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ _____ of contributions Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6с 7a 71,518 Gross sales of inventory, less returns and allowances රා 7a b 76 74.058 MAR Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe ▶ 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 SCANNED 10 Grants and similar amounts paid (attach schedule) 10 11 11 12 12 0 13 13 14 14 Printing, publications, postage, and shipping 15 15 Other expenses rescribe I THE TAR 60 16 16 Total expenses Additines 10 through 16 . 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (attach explanation) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (B) End of year (See the instructions for Part II.) (A) Beginning of year 22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe ▶ 24 822 25 Total assets 25 0 26 Total liabilities (describe ▶ 26

Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Cat. No. 106421

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses
What is the organization's primary exempt purpose? Prvice ORGAIJIZATION (Required						
Describe what was achieved in caming out the organization's exempt pulmoses. In a clear and concise 501(CI))(3) and 501(c)(4)
organical design of the state o						izations and section (a)(1) trusts; optional
each program title.						
28	Provide Dictionarys	cica pools i	5 7 5 7		}	
	Graders of FAIRDOI	en Primary	201001			
	1 288 students					27//
	(Grants \$, O) If this amount	includes foreign grants, che	eck here	▶ □	28a	3246
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		-WILL ACTION	/	/		
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	(Grants \$) If this amount	includes foreign grants, che	eck nere	<u> </u>	29a	0
30		**************************************				
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	(Grants \$) If this amount	includes foreign grants, che	ack here	▶ 🗀	30a	
24		morados roroigir granta, em				
31	Other program services (attach schedule)					
		includes foreign grants, che		<u>. • Ų</u>	31a	A = 1/1/
<u>32</u>	Total program service expenses (add lines 28a t				32	3246
Par	t IV List of Officers, Directors, Trustees, and Key					tions for Part IV.)
	And Alama and address	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense account and
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred comper	pieurs a. Isation	other allowances
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Part	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	33		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		\checkmark
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		
ь	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		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		/
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 outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
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		
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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	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	·	
41	List the states with which a copy of this return is filed. ▶ ○\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
42a	The organization's books are in care of ▶ 616 Sone Telephone no. 1937	T 87	78 -	714
	Located at >325 N. Hurd St. Fourborn, Oh 450 ZIP+4 > 4	-<3	24	
Ь	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		Yes	No.
	account)?	42b		
	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.			_/
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			• 🗆 ——
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
45	is any-related-organization-a controlled-entity of the organization-within-the-meaning-of-section-512(b)(13)?-If-	77		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>
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Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	(7(a)(1) nonexempt chari	xempt charitab table trusts mus	ole trusts only. All st answer questio	l section ns 46-49b
	Did the organization engage in direct or indirect				Yes No
•	candidates for public office? If "Yes," complete S	Schedule C, Part I			46
	Did the organization engage in lobbying activities				47
	ls the organization a school as described in sectio				48
	Did the organization make any transfers to an ex	-	-	7	49a
	If "Yes," was the related organization a section 5				49b
	Complete this table for the organization's five high a property of the same of				
'	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances
	W/A		. <u>.</u>		
					ı
			<u> </u>		
51	Complete this table for the organization's five h \$100,000 of compensation from the organization	nighest compensated inde	pendent contract one."	ors who each rece	vived more than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Compensation
	11/1				
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d	Total number of other independent contractors e	ach receiving over \$100,00	00▶		
	Under penalties of perjury, I declare that I have examine	od this return, including accompan	ying schedules and sta	stements, and to the best	t of my knowledge
	and belief, it is true, correct, and complete. Declaration	or preparer (other than officer) is b	ased on all imprimation	or which preparer has a	ny knowleage.
Sign Here	Signature of officer Date				
	Type or print name and title	Treasur	ev_		
Paid	Preparer's	Date	Check if	Preparer's identifying num	ber (See instructions)
Prepare	r's signature		self- employed ▶ □	<u> </u>	
Use Only	(Firm's name (or)		EII	N -	
	address, and ZIP + 4	abana Ona la stantila	Ph	none no. >	.
way the	e IRS discuss this return with the preparer shown	LEDOVEY See Instructions	· · · · · ·	▶ ∐ For	Yes