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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.

OMB No. 1545-1150

2009

Open to Public  
Inspection

**A** For 2009 calendar year, or tax year beginning **AUGUST 01**, 2009, and ending **JULY 31**, 20 09

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C** Name of organization

RED LILY POND PROJECT ASSO., INC.

Number &amp; street (or P O box, if mail is not delivered to street addr)

39 PROSPECT AVE

City or town, state or country, and ZIP + 4

CENTERVILLE MA 02632

**D** Employer identification number

04-3368675

**E** Telephone number

(508) 778-0507

**F** Group Exemption

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: ► N/A

**J** Tax-exempt statute (check only one) -- ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527

**H** Check ☒ if organization is **not** required to attach Sch 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 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

**L** 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 ► \$ 7,860

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

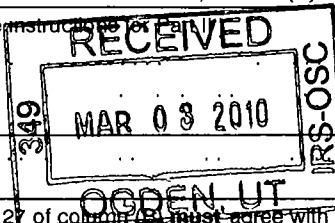
REVENUE	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	1,260
	2	Program service revenue including government fees and contracts . . . . .	2	3,000
	3	Membership dues and assessments . . . . .	3	550
	4	Investment income . . . . .	4	35
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	3,015
b	Less direct expenses other than fundraising expenses . . . . .	6b	1,186	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	1,829	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ► _____ )	8		
9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	6,674	
EXPENSES	10	Grants and similar amounts paid (attach schedule) . . . . . #1	10	9,235
	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	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	1,019
	16	Other expenses (describe ► <b>SEE ATTACHMENT #2</b> )	16	1,881
	17	<b>Total expenses.</b> Add lines 10 through 16	17	12,135
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-5,461
	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	39,515
	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 . . . . .	21	34,054

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	39,515	34,054
23	Land and buildings . . . . .		
24	Other assets (describe ► _____ )		
25	<b>Total assets</b> . . . . .	39,515	34,054
26	<b>Total liabilities</b> (describe ► _____ )	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	39,515	34,054

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

Form 990-EZ (2009)



Handwritten initials 'PZ' in the bottom right corner.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE ATTACHMENT #4

28a

29

**29a**

30

**30a**

31a

32

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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SEE ATTACHMENT #5

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> 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?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911, section 4912, section 4955		
<b>b</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		X
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed		
<b>42a</b> The organization's books are in care of		
Located at		
<b>b</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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If "Yes," was the related organization a section 527 organization?		X

**50** Complete this table for the organization's 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"

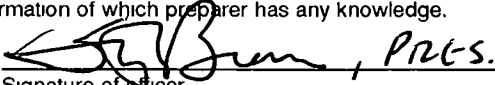

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHMENT #7				

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's 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		

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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.			
	 Signature of officer		2-27-10 Date	
<b>Paid Preparer's Use Only</b>	STEPHEN G. BROWN Type or print name and title		PRESIDENT	
	Preparer's signature	 Date 2/25/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.) P00278755
	Firm's name (or yours if self-employed), address, and ZIP + 4	H AND R BLOCK 1600 FALMOUTH ROAD CENTERVILLE, MA 02632		
	EIN	43-1871840 Phone no 508-771-2385		

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

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.**

OMB No 1545-0047

## 2009

**Open to Public  
Inspection**

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

Name of the organization

RED LILY POND PROJECT ASSO., INC.

Employer Identification number

04-3368675

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
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The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 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).**
  - 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 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 public described in **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 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
  - 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
  - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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  

<b>a</b> <input type="checkbox"/> Type I	<b>b</b> <input type="checkbox"/> Type II	<b>c</b> <input type="checkbox"/> Type III--Functionally integrated	<b>d</b> <input type="checkbox"/> Type III--Other
--	---	---	---
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 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?

<b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>(ii)</b> A family member of a person described in (i) above? . . . . .	<b>11g(ii)</b>	
<b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<b>11g(iii)</b>	
  - h Provide the following information about the supported organization(s)

	Yes	No
11g(I)		
11g(II)		
11g(III)		

[illegible]

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

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	6,331	4,026	4,026	4,658	1,260	20,301
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	667	926	1,225	3,000	3,000	8,818
<b>6 Total.</b> Add lines 1 through 5 . . . . .	6,998	4,952	5,251	7,658	4,260	29,119
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						29,119

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	6,998	4,952	5,251	7,658	4,260	29,119
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	93	859	1,194	43	35	2,224
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	93	859	1,194	43	35	2,224
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	7,091	5,811	6,445	7,701	4,295	31,343
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	92.90 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	7 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3 % support tests -- 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support tests -- 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . <input type="checkbox"/>		

# SCHEDULE OF OTHER EXPENSES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 08-01-2009, and ending 07-31-2009.
Name of Organization RED LILY POND PROJECT ASSO., INC.	Employer Identification Number 04-3368675

Description of Other Expenses	Amount
LAKE ELIZABETH EMBANKMENT MOWING EXPENSES	600
INSURANCE	930
TAX PREPARATION	160
NON PROFIT FILING WITH ATTY. GEN'L MA	35
DONATION TO GREEN CAPE	100
LUNCH FOR AMERICORPS VOLUNTEERS	56

Total 1,881



# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2009, or tax year period beginning 08-01-2009

and ending 07-31-2009.

Name of Organization		Employer Identification Number			
RED LILY POND PROJECT ASSO., INC.		04 - 3368675			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
PROJECT EXPENSES RE: CONSERVATION & PRESERVATION	CAPE COD DOCKS SE3-4716		PRESERVATION OF LILY POND		
PROJECT EXPENSES RE: CONSERVATION & PRESERVATION	' ' ' CAPE COD DOCKS SE3-4716	3,450	PRESERVATION OF LILY POND		
PROJECT EXPENSES RE: CONSERVATION & PRESERVATION	' ' ' M.TALBOT SE3-4732	3,450	PRESERVATION OF LILY POND		
PROJECT EXPENSES RE: CONSERVATION & PRESERVATION	' ' ' M.TALBOT SE3-4732	1,250	PRESERVATION OF LILY POND		
		8,150			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE			CASH/CHECKING ACCT		
NONE		3,450	CASH/CHECKING ACCT		
NONE		3,450	CASH/CHECKING ACCT		
NONE		1,250	CASH/CHECKING ACCT		
Total		8,150			

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2009, or tax year period beginning 08-01-2009

and ending 07-31-2009.

Name of Organization

RED LILY POND PROJECT ASSO., INC.

Employer Identification Number

04-3368675

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
	' , ,	1 , 085			
		1 , 085			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		1 , 085			
Total		1 , 085			

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2009.
Name of Organization RED LILY POND PROJECT ASSO., INC.	Employer Identification Number 04-3368675

### Primary Purpose

PRESERVATION OF RED LILY POND, HERRING RUN, AND CENTERVILLE RIVER SYSTEM.  
THIS INCLUDES EMBANKMENT MAINTENANCE, HERRING RUN IMPROVEMENTS, VEGETATION  
MANAGEMENT, AND WATER QUALITY IMPROVEMENT.

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	08-01-2009, and ending	07-31-2009.
Name of Organization RED LILY POND PROJECT ASSO., INC.			Employer Identification Number 04-3368675
Part III - Statement of Program Service Accomplishments			
Grants and allocations	9,235	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			

THE RED LILY POND PROJECT ASSOCIATION ACHIEVED A NUMBER OF SIGNIFICANT ITEMS IN THE CONTROL AND PRESERVATION OF THIS WILD LIFE HABITAT. NAMELY, THE VEGETATION MANAGEMENT ON THE LAKE ELIZABETH EMBANKMENT, AND THE REFURBISHING AND INSTALLATION OF HERRING RUN FISH LADDERS, WHICH CONTROLLED THE FLOW OF WATER.

## CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC  
INSPECTION

**For calendar year 2009 or tax period beginning 08-01-2009, and ending 07-31-2009.**

Name of Organization

Employer Identification Number

RED LILY POND PROJECT ASSO., INC.

04-3368675

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
STEPHEN G. BROWN 173 LAKE ELIZABETH DR CENTERVILLE, MA 02632	PRESIDENT	0	0	0
VALERIE B. LANE 86 SUMMERBELL AVE CENTERVILLE, MA 02632	TREASURER	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2009.
Name of Organization RED LILY POND PROJECT ASSO., INC.	Employer Identification Number 04-3368675
Part V - Line 42a	

Individual Name . . . . . VALERIE B. LANE  
or  
Business Name

Street Address . . . . . 86 SUMMERBELL AVE

U.S. Address

Zip code 02632 City CENTERVILLE State MA  
or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (508) 778-0507

Fax Number . . . . .

## FIVE HIGHEST COMPENSATED EMPLOYEES

ATTACHMENT 7: PAGE 1 SCHEDULE A PAGE 1, PART I

OPEN TO PUBLIC

## INSPECTION

**For calendar year 2009 or tax period beginning 08-01-2009, and ending 07-31-2009.**

Name of Organization

Employer Identification Number

RED LILY POND PROJECT ASSO., INC.

04-3368675

**Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees**

**(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 empl benefit plans & deferred compensation**

(e) Expense  
account and  
other allowances

NONE

0

0

0

2009 DETAIL STATEMENTS

RED LILY POND PROJECT ASSO., I

04-3368675

PAGE 1

STATEMENT #1 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

OFFICE EXPENSES/PRINTING/POSTAGE..... 1,019

TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 1,019

STATEMENT #2 - REVENUES INCLUDED (SCH D, PG 1 LN 1B(I))

DINNER/AUCTION - FUND RAISER..... 3,015

TOTAL CARRIED TO SCH D, PG 1 LN 1B(I)..... 3,015

STATEMENT #3 - ASSETS INCLUDED (SCH D, PG 1 LN 1B(II))

DINNER/AUCTION JACK'S RESTAURANT..... 936

DINNER/AUCTION -GRATUITIES..... 250

TOTAL CARRIED TO SCH D, PG 1 LN 1B(II)..... 1,186