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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 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.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 , and ending 09-30-2009

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
TECUMSEH AREA COMMUNITIES IN SCHOOL

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 68

City or town, state or country, and ZIP + 4
TECUMSEH, MI 49286

D Employer identification number
38-3259824

E Telephone number
(517) 423-7574

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 Organization type (check only one) — ☑ 501(c) (3) ◀(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 ▶ $ 251,597

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	96,718
	2	Program service revenue including government fees and contracts		2	5,858
	3	Membership dues and assessments		3	
	4	Investment income		4	7,389
	5a	Gross amount from sale of assets other than inventory	5a 104,573		
	b	Less cost or other basis and sales expenses	5b 116,059		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-11,486
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a 37,059		
	b	Less direct expenses other than fundraising expenses	6b 22,718		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	14,341
	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	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	112,820
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	76,499
	13	Professional fees and other payments to independent contractors		13	1,200
	14	Occupancy, rent, utilities, and maintenance		14	600
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ _____)		16	28,114
	17	**Total expenses** (add lines 10 through 16) ▶		17	106,413
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,407
	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	433,226
	20	Other changes in net assets or fund balances (attach explanation)		20	-137,281
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	302,352

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	433,226	22	302,352
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	433,226	25	302,352
26	**Total liabilities** (describe ▶ _____)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	433,226	27	302,352

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
EXTERNAL SUPPORT FOR SCHOOLS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 PEN PAL PROGRAM - BUSINESS PEOPLE EXCHANGE LETTERS WITH SIXTH GRADE STUDENTS EMPHASIZING THE IMPORTANCE OF EDUCATION IN ATTAINING GOALS 132 MATCHES PAYBACK FOR EDUCATION - PATTERNED AFTER A COUNTY PROGRAM, LOCAL BUSINESSES AND EDUCATORS JOIN TOGETHER TO PLAN HANDS-ON WORK SITE EXPERIENCES FOR EIGHTH GRADERS CIS RECRUITED BUSINESSES TO PARTICIPATE 26 BUSINESSES, 74 STUDENTS - 52 VOLUNTEERS IN ALL CIS JOB HOTLINE - IN COLLABORATION WITH THE TECUMSEH ECONOMIC DEVELOPMENT OFFICE, THE CIS JOB HOTLINE OFFERS AN EASY AND EFFECTIVE WAY TO MATCH EMPLOYERS WITH POTENTIAL EMPLOYEES OFFERED FOR 9TH - 12TH GRADERS COMMUNITY WALK - STUDENTS IN 4 ELEMENTARY BUILDINGS TOOK ADVANTAGE OF THE OPPORTUNITY TO SPEND A DAY TOURING OUR COMMUNITY, LEARNING ABOUT LOCAL BUSINESSES AND GOVERNMENT (CURRICULUM BASED) 219 STUDENTS PARTICIPATED, VISITING 13 LOCAL BUSINESSES 39 PARENT VOLUNTEERS SUPPORTED STUDENT A L L Y - AIDING, LISTENING, LEARNING WITH YOUTH - TRAINED HIGH SCHOOL STUDENTS PROVIDE ONE-ON-ONE MENTORING IN THE AREA OF LITERACY, MATH AND OTHER ACADEMIC AREAS 38 HIGH SCHOOL STUDENTS MENTORED 38 MIDDLE SCHOOL STUDENTS WEEKLY BIG BROTHERS BIG SISTERS LUNCH BUDDY PROGRAM - ADULTS PAIRED WITH ELEMENTARY/MIDDLE SCHOOL STUDENTS PROVIDING A MENTORING OPPORTUNITY DURING LUNCHTIME, ONE HOUR PER WEEK 6 CONSISTENT MATCHES ROLLING READERS - LOCAL BUSINESSES ADOPT CLASSROOMS BY READING TO THE STUDENTS ONCE A WEEK THROUGHOUT THE SCHOOL YEAR - 393 STUDENTS FROM 3 ELEMENTARY BUILDINGS - 17 ADULT VOLUNTEERS BUILDERS CLUB - IN CONJUNCTION WITH THE TECUMSEH KIWANIS ORGANIZATION, MIDDLE SCHOOL STUDENTS ORGANIZED AN AFTER-SCHOOL CLUB FOCUSING ON COMMUNITY SERVICE PROJECTS - APPROXIMATELY 100 STUDENTS PARTICIPATE EACH YEAR PEACE MAKING LESSONS - CIS FACILITATED LESSONS, ONE SESSION EACH WEEK FOR SIX WEEKS, IN THE SECOND, THIRD AND FOURTH GRADE CLASSROOMS REGARDING CONFLICT RESOLUTION SKILLS - 504 STUDENTS FROM 4 ELEMENTARY BUILDINGS BACK PACK PROGRAM - IN COLLABORATION WITH TPS, CIS CREATED CONFLICT RESOLUTION BACK PACKS THAT FOURTH GRADE STUDENTS COULD TAKE HOME AND DISCUSS WITH PARENTS IT IS USED IN CONJUNCTION WITH THE PEACE MAKING LESSONS 189 STUDENTS PARTICIPATED FROM 3 ELEMENTARY BUILDINGS P A S S (PARENTS AND STUDENTS STUDY) - IN COLLABORATION WITH SYLVAN LEARNING CENTER, ALL FIFTH GRADERS TOOK PART IN A LEARNING STYLES TEST TO DISCOVER THE WAY THEY LEARN STUDENTS WERE THEN GIVEN HOMEWORK TIPS THAT ALIGN WITH THEIR LEARNING STYLE CIS/SYLVAN ALSO HELD A PARENT NIGHT FOR PARENTS TO LEARN THEIR STYLE AND HOW TO BEST HELP THEIR STUDENT 237 STUDENTS AND 4 PARENTS TOOK PART PLANNER CHALLENGE - CIS CHALLENGES FIFTH GRADERS TO LEARN THE BEST WAY TO USE THEIR PLANNER IN SCHEDULING HOMEWORK, TESTS AND LIFE 237 STUDENTS TOOK PART WITH 8 ADULTS SUPPORTING STUDY GROUP- IN ADDITION TO THE STUDENT ALLY PROGRAM - OUR CIS TECUMSEH MIDDLE SCHOOL SITE COORDINATOR WORKS ONE-ON-ONE WITH STUDENTS THAT NEED EXTRA ACADEMIC SUPPORT (2 GROUPS ARE FORMED - ONE THAT INCLUDES ALLY STUDENTS - THE OTHER ARE STUDENTS THAT ARE RECOMMENDED BY TEACHRS/COUNSELOR) THESE STUDENTS ARE TRACKED AS TO THEIR PROGRESS 19 STUDENTS TOOK PART SECOND STEP - CIS SITE LIAISON ACTS AS LINK BETWEEN STAFF AND ADMINISTRATION TO SUPPORT THIS EVIDENCE BASED CONFLICT RESOLUTION PROGRAM IN SOME CASES SHE WILL DO LESSONS AND/OR TESTING K-8TH GRADE PROGRAM - THIS IS A MANDATORY PROGRAM AND 1,883 STUDENTS TOOK PART THIS YEAR CONNECTING CAREERS & COMMUNITY WITH TEENS (CCCT) - PILOT PROGRAM - IN COLLABORATION WITH THE THS GUIDANCE OFFICE, CIS REPOSITIONS A TECUMSEH BUSINESS TO CREATE A SHOWCASE AT THE HIGH SCHOOL FOCUSING ON THE JOBS INVOLVED IN MAKING THAT BUSINESS POSSIBLE AND THE SCHOOLING THAT IS NEEDED IN ADDITION, STUDENTS WHO HAVE INDICATED AN INTEREST IN THAT CAREER THROUGH THEIR EDP ARE ASKED TO JOIN SOMEONE FROM THAT BUSINESS FOR A GROUP LUNCH 27 STUDENTS TOOK PART - 3 BUSINESSES AFTER SCHOOL PROGRAMS "A LITTLE GRACE & CHARM - THROUGH THE NEEDS ASSESSMENT SURVEY, CIS IDENTIFIED THE NEED FOR INSTRUCTION ON MANNERS EACH ELEMENTARY BUILDING WAS OFFERED AN AFTER SCHOOL PROGRAM FOR CHILDREN K-2ND ON DEVELOPING PROPER MANNERS 12 STUDENTS PARTICIPATED FROM ONE ELEMENTARY SCHOOL SUMMER PROGRAMS "T-TOWN SAFETY - CIS PARTNERED WITH LENAWEE'S CHILD TO COORDINATE & IMPLEMENT A ONE-WEEK SUMMER PILOT PROGRAM OFFERED TO CHILDREN GRADES K-2ND TEACH CHILDREN ABOUT SAFETY OTHER PARTNERS THAT WERE REPOSITIONED TO DO THE ACTUALLY SAFETY INSTRUCTION WERE LOWES, TECUMSEH POLICE DEPARTMENT, TECUMSEH FIRE DEPARTMENT, TECUMSEH PARKS & RECREATION AND FIRST STUDENT TRANSPORTATION 25 CHILDREN PARTICIPATED "SUMMER WITH S A M -STUDENTS ACHIEVE MORE - THIS PROGRAM TARGETED STUDENTS ENTERING INTO FIFTH GRADE THAT MAY HAVE A DIFFICULT TIME WITH THE TRANSITION INTO MIDDLE SCHOOL THIS IS A ONE WEEK PROGRAM WHERE STUDENTS LEARN TEAM BUILDING AND CONFLICT RESOLUTION SKILLS, STUDY SKILLS, MATH SKILLS AND ARE FAMILIARIZED WITH THE MIDDLE SCHOOL THROUGH GAMES & ACTIVITIES PARTNERS INCLUDED SYLVAN LEARNING CENTER & LISD ADVENTURE EDUCATION (TWO SESSIONS WERE HELD THIS YEAR) 60 STUDENTS PARTICIPATED - STUDENT VOLUNTEERS FROM THE HIGH SCHOOL & MIDDLE SCHOOL SUPPORTED "MIDDLE SCHOOL MAYHEM - CIS SUPPORTED THIS TWO WEEK LONG INTENSIVE LEARNING PROGRAM DESIGNED TO HELP STUDENTS WHO SCORED LOWER ON MEAP TESTS 32 STUDENTS PARTICIPATED 19 STUDENT VOLUNTEERS HELPED "ACTIVE ALGEBRA - PILOT PROGRAM - 29 STUDENTS TOOK PART IN THIS ONE WEEK SESSION TO IMPROVE ACADEMICS IN THE AREA OF MATHEMATICS THIS IS DESIGNED TO PROVIDE SUPPORT AND IMPROVE GRADES AND MEAP SCORES 14 STUDENT VOLUNTEERS HELPED ONE TIME EVENTS MIX IT UP DAY - CIS COORDINATED A MIX IT UP DAY FOR STUDENTS IN THIRD & FOURTH GRADES AT PATTERSON & HERRICK PARK DURING LUNCH STUDENTS ARE ASKED TO EAT AND PLAY WITH STUDENTS THEY DO NOT KNOW IT IS A CHANCE FOR THE RULES OF SOCIAL BOUNDARIES TO BE BROKEN DOWN 204 STUDENTS PARTICIPATED SCIENCE DISSECTION - CIS REPOSITIONED A DOCTOR TO FACILITATE THE CURRICULUM DISSECTION FOR SEVENTH GRADERS AT TMS - 160 STUDENTS PARTICIPATED CAREER PANEL - CIS COORDINATED A PANEL DISCUSSION ON 6 REQUESTED CAREERS FOR THS 72 STUDENTS PARTICIPATED THS PRESENTATIONS - CIS COORDINATED TWO SEPARATE CAREER PRESENTATIONS AT THS BRINGING A SUCCESSFUL HOLLYWOOD MAKE-UP ARTIST AND GRADUATE FROM THS TO SPEAK TO 80 STUDENTS AND THE DIRECTOR OF CULINARY ARTS AT THE LISD TECH CTR TO DO A DEMONSTRATION/PRESENTATION ON HEALTHY EATING TO 30+ STUDENTS IN THE NUTRITION CLASS SAFETY-NET - CIS COLLABORATED WITH THE LENAWEE YOUTH COUNCIL TO CREATE A PARENT GUIDE FOR INTERNET SAFETY THREE THS STUDENTS PRESENTED AT THE BUILDING A HEALTHY FUTURE SERIES TO PARENTS ADDITIONALLY, 2 STUDENTS PRESENTED AT THE KIWANIS CLUB MEETING CIS NEEDS ASSESSMENT - AS A SERVICE TO BOTH THE COMMUNITY AND OUR SCHOOL DISTRICT, CIS CONDUCTS AN ANNUAL NEEDS ASSESSMENT SURVEY IT IS USED AS A WAY TO PLAN OUR YEARLY GOALS AND FOR OTHER POPULATIONS TO USE FOR GRANT WRITING AND PROGRAM DEVELOPMENT APPROXIMATELY 175 STUDENTS AND 77 ADULTS TOOK PART IN THIS YEAR'S NEEDS ASSESSMENT ON GOING SUPPORT VOLUNTEER CENTER - STUDENTS IN HIGH SCHOOL CAN APPLY FOR A CIS VOLUNTEER STUDENT PROFILE EACH TIME THEY VOLUNTEER AND SEND PROOF INTO OUR ORGANIZATION, CIS WILL UPDATE THEIR PROFILE WHENEVER REQUESTED, THEY CAN GET A PRINT OUT OF THEIR VOLUNTEER HOURS (COLLEGE APPLICATION, NATIONAL HONOR SOCIETY, SCHOLARSHIPS, ETC) CIS SPEAKERS BUREAU - CIS TEAMED UP WITH THE TECUMSEH ECONOMIC DEVELOPMENT OFFICE TO CREATE A SPEAKERS BUREAU BUSINESS PEOPLE AGREE TO BE A PART OF A "LIST" GIVEN TO ALL TEACHERS IN THE DISTRICT TO USE WHEN NEEDING AN EXPERT IN A SPECIFIC FIELD WE CONTINUE TO UPDATE IT YEARLY CIS WILL ALSO SET UP A ONE TIME SPEAKER IF REQUESTED BY TEACHER 44 BUSINESS PEOPLE HAVE AGREED TO BE ON THE LIST

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 106,413

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 106,413

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
See Additional Data Table				

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		No
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		No
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 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	Was there a liquidation, dissolution, termination, or substantial contraction 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 ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 (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		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	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?	40e		No

41 List the states with which a copy of this return is filed ▶ MI

42a The books are in care of ▶ TERRY DOUGLASS
TERRY DOUGLASS Telephone no ▶ (517) 547-5669
7525 HILLCREST
7525 HILLCREST
Located at ▶ MANITOU BEACH, MI ZIP + 4 ▶ 49253

			Yes	No
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		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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of 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

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.

		Yes	No
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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
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 received more than $100,000 of compensation from the organization If there are 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
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 are 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 receiving over $100,000 ▶		

Please Sign Here

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 — 2010-02-15 — Date

TERRY DOUGLASS TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BRIAN NOFZINGER	Date 2010-03-18	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GROSS PUCKEY GRUEL & ROOF PC 4196 W MAPLE AVENUE ADRIAN, MI 49221			EIN ▶ Phone no ▶ (517) 263-5788

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TECUMSEH AREA COMMUNITIES IN SCHOOL

Employer identification number
38-3259824

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's 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 331/3% 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 331/3% 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).** (See instructions)

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ 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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

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 ")	74,223	215,253	53,046	53,046	91,118	486,686
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 line 1-3	74,223	215,253	53,046	53,046	91,118	486,686
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						92,251
6 **Public Support** subtract line 5 from line 4						394,435

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	74,223		53,046	53,046	91,118	486,686
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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						486,686

12	Gross receipts from related activities, etc (See instructions)	12	83,979

13 **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** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**81.045 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**75.913 %**

16a **33 1/3% 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% Test - 2007.** If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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 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 Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

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 for 2007 Schedule A, Part IV-A, line 27g	16

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% 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% 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
TECUMSEH AREA COMMUNITIES IN SCHOOL

Employer identification number
38-3259824

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MI

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

		(a) Event #1 TASTE OF TECUMS (event type)	(b) Event #2 ART AFFAIR (event type)	(c) Other Events _____ (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	27,453	8,455		35,908
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	27,453	8,455		35,908
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	15,526	7,192		22,718
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				22,718
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				13,190

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☑ No	☐ Yes ____ % ☑ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		No
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ TERRY DOUGLASS
TERRY DOUGLASS

Address ▶ 7525 HILLCREST
7525 HILLCREST
MANITOU BEACH,MI 49253

15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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TY 2008 Compensation Explanation

Name: TECUMSEH AREA COMMUNITIES IN SCHOOL

EIN: 38-3259824

Person Name	Explanation
MICHAEL SUNDERLAND MICHAEL SUNDERLAND	
TERRY DOUGLASS TERRY DOUGLASS	
JIM LINCOLN JIM LINCOLN	
JANIS MONTALVO JANIS MONTALVO	
SUSAN REEDER SUSAN REEDER	
MICHAEL MCARAN MICHAEL MCARAN	

Person Name	Explanation
KEVIN WELCH KEVIN WELCH	
PAT SORISE PAT SORISE	
SAM SCHMIDT SAM SCHMIDT	
SHERRI TUCKEY SHERRI TUCKEY	
MACK HAUN MACK HAUN	
TAMARA EGGLESTON TAMARA EGGLESTON	

Person Name	Explanation
TOM WRIGHT TOM WRIGHT	
WENDY PIZANA WENDY PIZANA	
JOE TUCKEY JOE TUCKEY	
ANDY ALBERTINI ANDY ALBERTINI	

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TY 2008 Other Changes in Net Assets Schedule

Name: TECUMSEH AREA COMMUNITIES IN SCHOOL

EIN: 38-3259824

Description	Amount
CORRECTION OF PRIOR YEAR ERROR	-137,281

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TY 2008 Other Expenses Schedule

Name: TECUMSEH AREA COMMUNITIES IN SCHOOL

EIN: 38-3259824

Description	Amount
EXPENSES	
TRAVEL AND TRAINING	1,253
PRINTING	383
INSURANCE	7,204
POSTAGE/SHIPPING	266
PUBLIC RELATIONS	214
GRANT - PROGRAMS	11,783
DUES & MEMBERSHIPS	365
SUNDRY	278
PROGRAMS	4,312
FEES	1,556
SCHOLARSHIP	500

Additional Data

Software ID:
Software Version:
EIN: 38-3259824
Name: TECUMSEH AREA COMMUNITIES IN SCHOOL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MICHAEL SUNDERLAND MICHAEL SUNDERLAND 123 N OTTAWA ST 123 N OTTAWA ST TECUMSEH,MI 49286	BOARD CHAIR 0	0		
TERRY DOUGLASS TERRY DOUGLASS 205 E CHICAGO BLVD 205 E CHICAGO BLVD TECUMSEH,MI 49286	TREASURER 0	0		
JIM LINCOLN JIM LINCOLN 110 E LOGAN ST 110 E LOGAN ST TECUMSEH,MI 49286	SECRETARY 0	0		
JANIS MONTALVO JANIS MONTALVO 3282 N ADRIAN HWY 3282 N ADRIAN HWY TECUMSEH,MI 49286	DIRECTOR 0	0		
SUSAN REEDER SUSAN REEDER 212 N OTTAWA ST 212 N OTTAWA ST TECUMSEH,MI 49286	EXEC DIRECT 40	45,000		
MICHAEL MCARAN MICHAEL MCARAN 212 N OTTAWA ST 212 N OTTAWA ST TECUMSEH,MI 49286	DIRECTOR 0	0		
KEVIN WELCH KEVIN WELCH 309 E CHICAGO BLVD 309 E CHICAGO BLVD TECUMSEH,MI 49286	DIRECTOR 0	0		
PAT SORISE PAT SORISE 703 E CHICAGO BLVD 703 E CHICAGO BLVD TECUMSEH,MI 49286	DIRECTOR 0	0		
SAM SCHMIDT SAM SCHMIDT 120 E CHICAGO BLVD 120 E CHICAGO BLVD TECUMSEH,MI 49286	DIRECTOR 0	0		
SHERRI TUCKEY SHERRI TUCKEY 2701 E MONROE RD 2701 E MONROE RD TECUMSEH,MI 49286	DIRECTOR 0	0		
MACK HAUN MACK HAUN 309 E CHICAGO BLVD 309 E CHICAGO BLVD TECUMSEH,MI 49286	DIRECTOR 0	0		
TAMARA EGGLESTON TAMARA EGGLESTON 107 E CHICAGO BLVD 107 E CHICAGO BLVD TECUMSEH,MI 49286	DIRECTOR 0	0		
TOM WRIGHT TOM WRIGHT 430 DIVISION ST 430 DIVISION ST CLINTON,MI 49236	DIRECTOR 0	0		
WENDY PIZANA WENDY PIZANA 1449 W CHICAGO ST 1449 W CHICAGO ST TECUMSEH,MI 49286	DIRECTOR 0	0		
JOE TUCKEY JOE TUCKEY 101 E RUSSELL RD 101 E RUSSELL RD TECUMSEH,MI 49286	DIRECTOR 0	0		
ANDY ALBERTINI ANDY ALBERTINI 9500 TECUMSEH CLINTON HWY 9500 TECUMSEH CLINTON HWY TECUMSEH,MI 49286	DIRECTOR 0	0		