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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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 the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LAZYDAYS EMPLOYEE FOUNDATION, INC.		D Employer identification number 20-3032464
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 6130 LAZYDAYS BLVD. City or town, state or country, and ZIP + 4 SEFFNER, FL 33584		E Telephone number (813) 342-4239
F Group Exemption Number . . . ▶				G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ WWW.LAZYDAYSEMPLOYEEFOUNDATION.ORG

J Tax-exempt status (check only one) - ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K 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. ▶ \$ 292,660.

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	95,458.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5,276.
	5a	Gross amount from sale of assets other than inventory	5a	191,926.
	5b	Less cost or other basis and sales expenses	5b	215,555.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-23,629.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
Expenses	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	
	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	77,105.
	10	Grants and similar amounts paid (attach schedule)	10	42,972.
	11	Benefits paid to or for members	11	0.
Net Assets	12	Salaries, other compensation, and employee benefits	12	9,400.
	13	Professional fees and other payments to independent contractors	13	1,296.
	14	Occupancy, rent, utilities, and maintenance	14	53,668.
	15	Printing, publications, postage, and shipping	15	23,437.
	16	Other expenses (describe ▶)	16	
	17	Total expenses. Add lines 10 through 16	17	79,380.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	79,380.
	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	66,835.
	20	Other changes in net assets or fund balances (attach explanation)	20	169,652.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		

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.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	313,334.	294,652.
23 Land and buildings		
24 Other assets (describe ▶)	9,574.	0.
25 Total assets	322,908.	294,652.
26 Total liabilities (describe ▶)	243,528.	125,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,380.	169,652.

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

Form 990-EZ (2009)

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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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a 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?		X
38 a 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 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 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a 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 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
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42 a The organization's books are in care of ▶ JACK DOCKERY Telephone no ▶ 813-342-4239		
Located at ▶ 6130 LAZYDAYS BLVD. SEFFNER, FL ZIP + 4 ▶ 33584		
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 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 ?		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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2009)

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

- 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

	Yes	No
46		X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		
- 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
NONE				

f Total number of other employees paid over \$100,000 NONE

- 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 receiving over \$100,000 NONE

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.		
	<div style="display: flex; justify-content: space-between;"> <div> <p>Signature of officer</p> <p><i>John J. Dockery Jr.</i></p> <p>JOHN J. DOCKERY JR., TREASURER</p> </div> <div> <p>Date</p> <p>9/30/10</p> </div> </div>		
Paid Preparer's Use Only	<div style="display: flex; justify-content: space-between;"> <div> <p>Preparer's signature</p> <p><i>Michael R. Hurd</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>GROVE HORWATH LLP</p> <p>101 E KENNEDY BOULEVARD, SUITE 1250 TAMPA, FL 33601</p> </div> <div> <p>Date</p> <p>8/26/10</p> </div> <div> <p>Check if self-employed</p> <p><input type="checkbox"/></p> </div> <div> <p>Preparer's identifying number (See instructions)</p> <p>EIN</p> <p>813-223-1316</p> </div> </div>		
	<p>May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Form 990-EZ (2009)

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.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

LAZYDAYS EMPLOYEE FOUNDATION, INC.

Employer identification number

20-3032464

Part I	Reason for Public Charity Status (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

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?

(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 supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

[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 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	326,005	144,707	134,394	126,442	95,458	827,006
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 through 3	326,005	144,707	134,394	126,442	95,458	827,006
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).						5,511
6 Public support. Subtract line 5 from line 4						821,495

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	326,005	144,707	134,394	126,442	95,458	827,006
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,074	14,054	11,449	13,803	5,276	48,656
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)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						875,662
12 Gross receipts from related activities, etc. (see instructions)					12	0
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. 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	<input type="checkbox"/>	
b 33 1/3 % support test - 2008. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2009. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2008. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► ☐

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 explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOMEDESCRIPTIONAMOUNTDIVIDEND INCOME
INTEREST INCOME5,225.
51.

TOTAL

5,276.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

ATTACHMENT 2

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
KIDS CHARITY OF TAMPA BAY 4115 W SPRUCE STREET TAMPA, FL 33607	NONE 501(C) (3)	TEMP HOUSING FOR CHILDREN	11,000
		TOTAL CONTRIBUTIONS PAID	11,000

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

BANK CHARGES	391.
TAXES & LICENSES	125.
INSURANCE	780.
TOTAL	<u>1,296.</u>

ATTACHMENT 4

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS
IN-KIND CONTRIBUTIONS

64,340.
2,495.

TOTAL

66,835.

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	36,916.	116,876.
INVESTMENTS - SECURITIES	276,418.	177,776.
TOTALS	<u>313,334.</u>	<u>294,652.</u>

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	9,574.	0.
TOTALS	<u>9,574.</u>	<u>0.</u>

ATTACHMENT 7FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
GRANTS PAYABLE	243,528.	125,000.
TOTALS	<u>243,528.</u>	<u>125,000.</u>

ATTACHMENT 8

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OUR MISSION IS TO MEASURABLY CHANGE THE LIVES OF CHILDREN BY
INSTILLING HOPE, INSPIRING DREAMS AND EMPOWERING THEM WITH EDUCATION.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 9PROGRAM SERVICE ACCOMPLISHMENT 1

SINCE THE ORGANIZATION'S INCEPTION, IT'S MET A NUMBER OF OBJECTIVES ON THE WAY TO ITS MISSION. THESE INCLUDE TAKE STOCK IN CHILDREN, A PROGRAM THAT PROVIDES SCHOLARSHIPS TO MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS WHO PROMISE TO REMAIN DRUG AND CRIME FREE. THE ORGANIZATION HAS BUILT AN OUTDOOR SHELTER AND AWARDED A GRANT FOR OPERATIONAL EXPENSES TO THE R.I.C.H. HOUSE, AN AFTER-SCHOOL PROGRAM THAT TAKES KIDS OFF THE STREET AND GIVES THEM A PLACE TO STUDY, BE TUTORED AND DO HOMEWORK.

IN ADDITION, THE DREAM TEAM HAS PROVIDED THEIR SERVICES TO PAINT THE BUILDINGS OF THE SPRING, A LOCAL DOMESTIC VIOLENCE SHELTER. BY FAR, OUR GREATEST ACHIEVEMENT TO DATE IS THE \$400,000 WE'VE RAISED TO BUILD AND MAINTAIN THE "LAZYDAYS HOUSE" AT A KID'S PLACE, THE FIRST EMERGENCY SHELTER IN HILLSBOROUGH COUNTY FOR ABUSED, NEGLECTED AND ABANDONED CHILDREN.

LAZYDAYS EMPLOYEE FOUNDATION, INC.

20-3032464

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

ATTACHMENT 10

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
KATHY AGANS 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
BILLY BARRON 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
DAVE CASTANEDA 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
JASON COHEN 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
ANDY DIETZ 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
JACK DOCKERY 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	TREASURER 1.00	0.	0.	0.
DEBBIE DUBE 6130 LAZYDAYS BLVD.	BOARD MEMBER 1.00			

LAZYDAYS EMPLOYEE FOUNDATION, INC.

20-3032464

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

ATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		EXPENSE ACCT. AND OTHER ALLOWANCES
SEFFNER, FL 33584					
KATHERINE DURHAM 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.	0.
BOB GRADY 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.	0.
CHRISTINE HUSTON 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER/TREASURER 1.00	0.	0.	0.	0.
ALLAN KARP 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.	0.
JOE LECHMAN 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.	0.
TAMMY LULL 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.	0.

LAZYDAYS EMPLOYEE FOUNDATION, INC.

20-3032464

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

ATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
HELEN MCCARLY 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
ANDREA NEEPER 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	SECRETARY 1.00	0.	0.	0.
KATHY NORRIS 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
HAROLD OEHLER 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
DANA PHILP 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	PRESIDENT 1.00	0.	0.	0.
STEVE RATCLIFF 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	VICE PRESIDENT 1.00	0.	0.	0.
TINA RICHEY 6130 LAZYDAYS BLVD.	BOARD MEMBER 1.00	0.	0.	0.

LAZYDAYS EMPLOYEE FOUNDATION, INC.

20-3032464

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

ATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SEFFNER, FL 33584				
KRISTY ROSIER 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
ANDREA SCHIELKA 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
WENDY SEWELL 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
ERIC SPONAUER 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
AMY TAYLOR-DAVIS 6130 LAZYDAYS BLVD. SEFFNER, FL 33584	BOARD MEMBER 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

- 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 LazyDays Employee Foundation, Inc.	Employer identification number 20 3032464
	Number, street, and room or suite no. If a P.O. box, see instructions. 6130 LazyDays Blvd.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Seffner, FL 33584	

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

- | | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of **Jack Dockery**
Telephone No. **(813) 246-4999** 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 **November 15**, 20**10**.
- 5 For calendar year **2009**, or other tax year beginning **_____**, 20**_____**, and ending **_____**, 20**_____**.
- 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 to gather the information necessary to prepare a complete and accurate 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	\$	None
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	\$	None
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	\$	None

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 **Brittney Wing** Title **CPA** Date **8/2/2010**

**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 File by the due date for filing your return. See instructions.	Name of Exempt Organization Lazy Days Partners' Foundation, Inc.	Employer identification number 20 3032464	
	Number, street, and room or suite no. If a P.O. box, see instructions. 6130 LazyDays Blvd.		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Seffner, FL 33584		

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

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Jack Dockery**

Telephone No. ► (**813**) **246-4999** 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 **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20**09** or
► ☐ tax year beginning _____, 20____, and ending _____, 20_____.

- 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.