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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 FEBRUARY 01 , 2009, and ending JANUARY 31 , 20 10

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
F F O, INC.

Number & street (or P O box, if mail is not delivered to street addr) Room/ suite
PO BOX 136

City or town, state or country, and ZIP + 4
HUMMELSTOWN PA 17036-0136

D Employer identification number
25-1653399

E Telephone number
(717)566-8926

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 [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶N/A

H Check▶ [X] if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) -- [X] 501(c)(4) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

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 . ▶ $ 152,651

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	7,418
	2	Program service revenue including government fees and contracts		2	12,008
	3	Membership dues and assessments		3	150
	4	Investment income		4	233
	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 **gaming,** check here▶ [ ]			
	a	Gross revenue (not including $ 6,930 of contributions reported on line 1)	6a 132,565		
	b	Less direct expenses other than fundraising expenses	6b 97,488		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	35,077
	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 ▶ SEE ATTACHMENT #1)		8	277
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	55,163
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	11,149
	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	333
	14	Occupancy, rent, utilities, and maintenance		14	4,294
	15	Printing, publications, postage, and shipping		15	471
	16	Other expenses (describe ▶ SEE ATTACHMENT #3)		16	43,457
	17	**Total expenses.** Add lines 10 through 16 ▶		17	59,704
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,541
	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	57,592
	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	53,051

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	56,277	22	48,604
23	Land and buildings		23	
24	Other assets (describe ▶ SEE ATTACHMENT #4)	1,315	24	4,447
25	**Total assets**	57,592	25	53,051
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	57,592	27	53,051

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

What is the organization's primary exempt purpose? SEE ATTACHMENT #5

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, & other relevant information for each program title

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

28 SEE ATTACHMENT #6

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 39,212

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 39,212

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr 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 ATTACHMENT #7				

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
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		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		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	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #8 Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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
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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		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
NONE				

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 ▶

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.

Tony Ruffner — Signature of officer — 8-20-2010 Date

TONY RUFFNER TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying no. (See instr.)
E. Ronald Hixon	08-06-2010	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: E RONALD HIXON PC, 33 SOUTH WATER STREET, HUMMELSTOWN, PA 17036-2312

EIN ▶

Phone no. ▶ 717-566-7076

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes [X] No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
F F O, INC.

Employer identification number
25-1653399

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a [X] Mail solicitations
- b [ ] Internet and email solicitations
- c [ ] Phone solicitations
- d [X] In-person solicitations
- e [ ] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] 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 services? . . [ ] Yes [X] 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

(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.

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 CARNIVAL (event type)	(b) Event #2 SUB SALE (event type)	(c) Other events 6 (total number)	(d) Total events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	98,196	12,229	29,070	139,495
	2 Less Charitable contributions	6,930			6,930
	3 Gross income (line 1 minus line 2)	91,266	12,229	29,070	132,565
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	5,634			5,634
	6 Rent/facility costs	3,021			3,021
	7 Food and beverages	12,456	6,135	19,020	37,611
	8 Entertainment	17,927			17,927
	9 Other direct expenses	33,295			33,295
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(97,488)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				35,077

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) thru col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % / X No	Yes % / X No	Yes % / X No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			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		X
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		X
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		X

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
		15a			X
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 of the third party.				
	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			X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE OF OTHER REVENUE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 02-01-2009, and ending 01-31-2010.

Name of Organization	Employer Identification Number
F F O, INC.	25-1653399

Description of Other Revenue	Amount
VENDOR REFUNDS	230
MISCELLANEOUS	47
Total	277

SCHEDULE OF OTHER ASSETS

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 02-01-2009, **and ending** 01-31-2010.

Name of Organization
F F O, INC.

Employer Identification Number
25-1653399

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
DEPRECIABLE EQUIPMENT	1,315	4,447	
Totals	1,315	4,447	

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 02-01-2009, and ending 01-31-2010.

Name of Organization	Employer Identification Number
F F O, INC.	25-1653399

Description of Other Expenses	Amount
BANK FEES AND CHARGES	944
OFFICE SUPPLIES AND EXPENSE	460
INSURANCE	953
INSTALLMENT BANQUET	626
CARNIVAL STEAK NIGHT	747
FOOTBALL PROGRAM EXPENSES	22,674
CHEERLEADING PROGRAM EXPENSES	14,589
GIRLS BASKETBALL PROGRAM EXPENSES	1,949
MARKETING ADS	515
Total	43,457

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 2: 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 02-01-2009 **and ending** 01-31-2010

Name of Organization
F F O, INC.

Employer Identification Number
25-1653399

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
EDUCATION SCHOLARSHIPS	LOWER DAUPHIN SCHOOL DISTRICT 291 EAST MAIN STREET HUMMELSTOWN, PA 17036	4,270	EDUCATIONAL SCHOLARSHIPS
COMMUNITY NONPROFIT GROUPS	SEE ATTACHED SUPPORT LISTING VARIOUS NONPROFITS HUMMELSTOWN PA 17036	6,879	COMMUNITY NONPROFIT SUPPORT
		11,149	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	4,270	CASH		
NONE	CASH	6,879	CASH		
	Total	11,149			

PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 02-01 , and ending 01-31-2010.

Name of Organization	Employer Identification Number
F F O, INC.	25-1653399

Primary Purpose

TO HELP PROMOTE FELLOWSHIP, GOODWILL AND THE WELFARE OF THE COMMUNITY. THE ORGANIZATION PARTICIPATES IN ACTIVE CIVIC PROJECTS WHICH WILL BE HELPFUL TO THE COMMUNITY OF HUMMELSTOWN AND ITS RESIDENTS. THE ORGANIZATION PROMOTES THE PUBLIC WELFARE, FOSTERS FELLOWSHIP AND COMMUNITY SPIRIT IN THE BOROUGH OF HUMMELSTOWN AND THE SURROUNDING AREAS AND ENCOURAGES THE AWARENESS OF LOCAL HISTORY AND ITS SIGNIFICANCE TO OUR COMMUNITY. THE ORGANIZATION PARTICIPATES IN LOCAL CELEBRATIONS, EVENTS AND COMMUNITY ACTIVITIES.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 02-01-2009, and ending 01-31-2010.

Name of Organization	Employer Identification Number
F F O, INC.	25-1653399

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	39,212

Exempt Purpose Achievements

COMMUNITY SERVICE ORGANIZATION FFO, INC. SPONSORS VARIOUS YOUTH SPORTS AND RECREATIONAL ACTIVITIES INCLUDING MIDGET AND PONY FOOTBALL, MIDGET AND PONY CHEERLEADERS AND GIRLS BASKETBALL. THE ORGANIZATION PROVIDES THE EQUIPMET, UNIFORMS AND INSURANCE FOR THESE SPORTS AND RECREATIONAL ACTIVITIES FOR THE YOUTH OF THE COMMUNITY. THE ACTIVITIES OF THE ORGANIZATION BENEFIT ALL OF THE RESIDENTS OF THE BOROUGH OF HUMMELSTOWN AND THE SURROUNDING COMMUNITIES.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTAÇHMENT 7: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | **For calendar year 2009 or tax period beginning** 02-01-2009, **and ending** 01-31-2010.

Name of Organization
F F O, INC.

Employer Identification Number
25-1653399

(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
ALAN DETWEILER 4411 WOODCREST DRIVE ELIZABETHTOWN, PA 17022	PRESIDENT 5.00	0	0	0
JOHN FOX 350 NORTH GYERS CHURCH ROAD MIDDLETOWN, PA 17057	VICE PRESIDENT 5.00	0	0	0
TONY RUFFNER 314 WEST SECOND STREET HUMMELSTOWN, PA 17036	TREASURER 5.00	0	0	0
PETE HARTWELL 1270 STONEGATE ROAD HUMMELSTOWN, PA 17036	SECRETARY 5.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 02-01 , and ending 01-31-2010.

Name of Organization	Employer Identification Number
F F O, INC.	25-1653399

Part V - Line 42a

Individual Name . . . . . TONY RUFFNER

or

Business Name:

Street Address . . . . . 135 MAGNOLIA ALLEY

U S Address:

Zip code 17036 City HUMMELSTOWN State PA

or

Foreign Address

City . . . . . .

Province or State . . . . . .

Country . . . . . .

Postal code . . . . . .

Phone Number . . . . . (717)329-7085

Fax Number . . . . . .

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

OFFICE SUPPLIES AND EXPENSES		
POSTAGE	430	
PRINTING	41	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15		471

STATEMENT #2 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 PF1 LINE 1)

CARNIVAL PRIZE DONATIONS	5,634	
CARNIVAL RAFFLE DONATIONS	1,295	
GIRLS BASKETBALL DONATIONS	20	
SPECIAL DONATIONS	120	
FOOTBALL DONATIONS	348	
TOTAL CARRIED TO EZ1 PF1 LINE 1		7,418

STATEMENT #3 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

FOOTBALL PROGRAM RECEIPTS	4,172	
CHEERLEADING PROGRAM RECEIPTS	7,810	
GIRLS BASKETBALL RECEIPTS	25	
TOTAL CARRIED TO 990-EZ PG 1 LINE 2		12,008

STATEMENT #4 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

LEGAL AND ACCOUNTING	333	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13		333

STATEMENT #5 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

UTILITIES	2,254	
CLUB HOUSE RENTAL	2,040	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14		4,294

NOTES TO RETURN **2009**
COMPANY: F F O, INC. **EIN: 25-1653399**

PART III, LINE 28 – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FOLLOWING PROGRAMS ARE SPONSORED BY F F O, INC.:

1. BASKETBALL LEAGUE
2. L.D. SUMMER BASKETBALL
3. MIDGET FOOTBALL BANQUET
4. MIDGET FOOTBALL TEAM
5. MIDGET CHEERLEADERS
6. PONY FOOTBALL TEAM
7. PONY CHEERLEADERS
8. SANTA CLAUS VISIT
9. GIRLS BASKETBALL
10. L.D. SCHOLARSHIPS
11. PASS, PUNT, AND KICK CONTEST

THE FOLLOWING PROGRAMS ARE SUPPORTED BY F F O, INC.:

1. HUMMELSTOWN BASEBALL ASSN.
2. HUMMELSTOWN CIVIC ASSOCIATION
3. HUMMELSTOWN ELDER EXPRESS
4. HUMMELSTOWN NATURE TRAIL
5. GRADE SCHOOL ESSAY CONTEST
6. LIFE SKILLS PROGRAM
7. NEW YEARS EVE LOLLIPOP DROP
8. GIRLS FAST PITCH BASEBALL
9. HUMMELSTOWN CEMETERY ASSN.
10. HUMMELSTOWN SCHAFFNER PARK FACILITIES
11. HUMMELSTOWN CRIME WATCH
12. MEMORIAL DAY PROGRAMS
13. MISS HUMMELSTOWN

THE FOLLOWING PROJECTS ARE CONTRIBUTED TO PERIODICALLY:

1. CHRISTMAS DECORATING COMMITTEE
2. COMMUNITY LIBRARY
3. PLAYGROUND EQUIPMENT
4. L.D. FOOTBALL BOOSTERS
5. L.D. BASKETBALL
6. L.D. MUSICAL
7. CYSTIC FIBROSIS GREAT STRIDES
8. AMERICAN RED CROSS
9. COMMUNITY EASTER EGG HUNT
10. HUMMELSTOWN FOOD BANK
11. L.D. FOOTBALL
12. L.D. EMERGENCY MEDICAL
13. HUMMELSTOWN FIRE COMPANY
14. HUMMELSTOWN CIVIC ASSN.
15. HUMMELSTOWN POLICE DEPT.
16. SCHAFFNER/GRAYSTONE PARKS