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Form **990-EZ****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**Department of the Treasury  
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****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**MANSFIELD-RICHLAND AREA EDUCATIONAL FOUNDATION, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**55 NORTH MULBERRY STREET**

Room/suite

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

**MANSFIELD****OH 44902****D** Employer identification number**34-1312689****E** Telephone number**419-522-3211****F** Group Exemption Number

►

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

**G** Accounting method ☒ Cash ☐ Accrual

Other (specify) ►

**I** Website: ► **N/A****J** Tax-exempt status (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 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 ► \$ **319,398****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	<b>5,500</b>
	2	Program service revenue including government fees and contracts	2	<b>38,872</b>
	3	Membership dues and assessments	3	<b>5,950</b>
	4	Investment income	4	<b>9,529</b>
	5a	Gross amount from sale of assets other than inventory	5a	<b>259,547</b>
	5b	Less: cost or other basis and sales expenses	5b	<b>247,194</b>
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<b>12,353</b>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6a	
	6b	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
	6c	Less: direct expenses other than fundraising expenses	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>72,204</b>	
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	<b>50,287</b>
	13	Professional fees and other payments to independent contractors	13	<b>1,625</b>
	14	Occupancy, rent, utilities, and maintenance	14	<b>289</b>
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► <b>SEE STATEMENT 3</b> )	16	<b>26,886</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>79,087</b>
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-6,883</b>
	Net Assets	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
20		Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	20	<b>11,906</b>
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>373,377</b>

**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

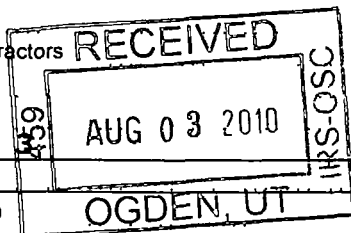
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>367,342</b>	<b>372,654</b>
23 Land and buildings		
24 Other assets (describe ► <b>SEE STATEMENT 5</b> )	<b>1,012</b>	<b>723</b>
25 Total assets	<b>368,354</b>	<b>373,377</b>
26 Total liabilities (describe ► _____)	<b>0</b>	<b>0</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>368,354</b>	<b>373,377</b>

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

Form **990-EZ** (2009)

SCANNED AUG 19 2010

P  
21

## Expenses

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

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.

28a	28,227
-----	--------

29a	29,713
-----	--------

(Grants \$ ) If this amount includes foreign grants, check here

(Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**32 Total program service expenses (add lines 28a through 31a)**

**59,426**

(a) Name and address

(a)	(b) Title and average hours per week devoted to position
1	President, 10
2	President, 10
3	President, 10
4	President, 10
5	President, 10
6	President, 10
7	President, 10
8	President, 10
9	President, 10
10	President, 10
11	President, 10
12	President, 10
13	President, 10
14	President, 10
15	President, 10
16	President, 10
17	President, 10
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91	President, 10
92	President, 10
93	President, 10
94	President, 10
95	President, 10
96	President, 10
97	President, 10
98	President, 10
99	President, 10
100	President, 10

(c) Compensation  
(If not paid,  
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation	
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(e) Expense  
account and  
other allowances

NICK GESOURAS	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
NORBERT PEIKER	MANSFIELD	PRESIDENT			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
JIM BAKER	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
HOWARD HENDERSON	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
GRANT MILLIRON	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
RONALD ABRAMS	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
DAVID EICHINGER	MANSFIELD	VICE PRES.			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
JIM HOOKER	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
GUNTHER MEISSE	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0
JOHN ALLEN HOLMES	MANSFIELD	TRUSTEE			
55 NORTH MULBERRY STREET	OH 44902	4.00	0	0	0

**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," attached 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	
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 instr	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 ▶ OH		
42a The organization's books are in care of ▶ WILLIAM SHARP 55 N MULBERRY STREET Located at ▶ MANSFIELD, OH		
Telephone no. ▶ 419-522-3211		
ZIP + 4 ▶ 44902		
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	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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."

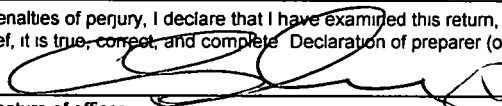
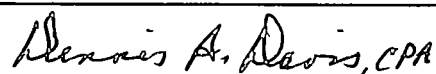
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>7/29/10</u>	
	Type or print name and title <u>William Sharp, Director</u>			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>7/17/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) <b>P00182755</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RIESTER, LUMP &amp; BURTON, CPA'S, INC 1600 LEXINGTON AVE MANSFIELD, OH 44907-2907</b>			EIN <b>▶ 34-1323620</b> Phone no <b>▶ 419-756-3400</b>

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



**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	58,518	62,630	55,166	54,072	50,322	280,708
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	58,518	62,630	55,166	54,072	50,322	280,708
<b>5</b> 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)						7,520
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						273,188

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	58,518	62,630	55,166	54,072	50,322	280,708
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,735	21,258	16,518	11,123	9,529	82,163
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					5,950	5,950
<b>11</b> <b>Total support.</b> Add lines 7 through 10						368,821
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	38,872
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	74.07 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	73.60 %
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

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

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

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

Form **4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **MANSFIELD-RICHLAND AREA EDUCATIONAL  
FOUNDATION, INC.**Identifying number  
**34-1312689**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	289
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	289
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>5,950</u>
TOTAL	\$ <u><u>5,950</u></u>

## Federal Statements

7/13/2010

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -  
Securities

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
PUBLICALLY TRADED SECURITIES				VARIOUS	VARIOUS	\$ 259,547	\$ 247,194	\$	12,353
DONATION						\$ 259,547	\$ 247,194	0	12,353
TOTAL									

**Federal Statements****Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
CONFERENCES & MEETINGS	8,323
CONFERENCES & MEETINGS	8,761
CONFERENCES & MEETINGS	438
POSTAGE	78
POSTAGE	36
POSTAGE	2
PRINTING & PUBLICATIONS	246
PRINTING & PUBLICATIONS	113
PRINTING & PUBLICATIONS	6
EDUCATIONAL CONTRACT SERV	1,848
EDUCATIONAL CONTRACT SERV	1,945
EDUCATIONAL CONTRACT SERV	97
STATE FEES	100
INVESTMENTS FEES	4,758
SUPPLIES	135
TOTAL	\$ <u>26,886</u>

**Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
CHANGE IN UNREALIZED GAINS/LOSSES	\$ <u>11,906</u>
TOTAL	\$ <u>11,906</u>

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
FURNITURE	\$ 3,240	\$ 3,240
LESS ACCUMULATED DEPRECIATION	<u>2,228</u>	<u>2,517</u>
	<u>1,012</u>	<u>723</u>

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments**

<u>Description</u>
THE ORGANIZATION PROVIDES ECONOMIC EDUCATION CLASSES FOR AREA PUBLIC SCHOOL TEACHERS (IN EXCESS OF 175). THESE TEACHERS, IN TURN, HAVE TAUGHT ECONOMICS TO STUDENTS TO FURTHER THEIR UNDERSTANDING OF OUR FREE ENTERPRISE SYSTEM.

**Federal Statements**

FYE: 6/30/2010

**Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments****Description**

THE LEADERSHIP UNLIMITED PROGRAM IS COMPRISED OF PEOPLE FROM BUSINESS, GOVERNMENT AND EDUCATION. THEY REGULARLY MEET TO GAIN KNOWLEDGE AND DISCUSS SPECIFIC COUNTY PROBLEMS AND SOLUTIONS. TRAINING FUTURE COMMUNITY LEADERS IS THE GOAL.

**Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments****Description**

THE FOUNDATION HAS BEGUN AN ECONOMIC CLUB PROGRAM. RESIDENTS PARTICIPATE TO EXPAND THEIR KNOWLEDGE AND UNDERSTANDING OF CURRENT ECONOMIC, POLITICAL AND BUSINESS ISSUES. THE GOAL IS INCREASED KNOWLEDGE OF LOCAL ISSUES.