



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title					
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	119,987
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	119,987
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	

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	No
34	Were any changes made to the organizing or governing documents? 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 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	No
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	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 outstanding at the end 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	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	No
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	No
41	List the states with which a copy of this return is filed ▶ MI		
42a	The organization's books are in care of ▶ TERRY DOUGLASS 7525 HILLCREST 7525 HILLCREST Located at ▶ MANITOU BEACH, MI Telephone no ▶ (517) 547-5669		
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	
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 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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school 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
49b	If "Yes," was the related organization a section 527 organization?		

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				

50(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		

51(d) Total number of other independent contractors each 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		2011-02-15 Date		
	TERRY DOUGLASS TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  BRIAN NOFZINGER		Date 2011-02-15	Check if self-employed ☒	Preparer's identifying number (See instructions)
	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					

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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
TECUMSEH AREA COMMUNITIES IN SCHOOL

Employer identification number
38-3259824

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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 **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 the supported organization?

(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)

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

(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.)

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.")	215,253	53,046	53,046	91,118	85,914	498,377
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	215,253	53,046	53,046	91,118	85,914	498,377
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)						86,578
6 Public Support. Subtract line 5 from line 4						411,799

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	215,253		53,046	91,118	85,914	498,377
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					5,520	5,520
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					19,152	19,152
11 Total support (Add lines 7 through 10)						523,049
12 Gross receipts from related activities, etc (See instructions)					12	64,911
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						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	78 730 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	81 050 %
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		
b 33 1/3% support test—2008. 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—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		
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		
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		

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First 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**

☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment 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. 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

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 0	38,394		
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		
TROY STERN TROY STERN  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		

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
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.
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

☐

Mail solicitations

b

☐

Internet and e-mail 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?		(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
		Yes	No			
Total ▶						

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	(b) Event #2	(c) Other Events	(d) Total Events
		TASTE OF TECUMS (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	13,203		13,203
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	13,203		13,203
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,376		6,376
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

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			
	2	Cash prizes			
Direct Expenses	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, 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	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	Enter 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 ▶ \$ _____		

TY 2009 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	
KEVIN WELCH KEVIN WELCH	
PAT SORISE PAT SORISE	
SAM SCHMIDT SAM SCHMIDT	
SHERRI TUCKEY SHERRI TUCKEY	
TROY STERN TROY STERN	
TAMARA EGGLESTON TAMARA EGGLESTON	
TOM WRIGHT TOM WRIGHT	
WENDY PIZANA WENDY PIZANA	
JOE TUCKEY JOE TUCKEY	
ANDY ALBERTINI ANDY ALBERTINI	

TY 2009 Other Changes in Net Assets Schedule

Name: TECUMSEH AREA COMMUNITIES IN SCHOOL

EIN: 38-3259824

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	25,196

TY 2009 Other Expenses Schedule**Name:** TECUMSEH AREA COMMUNITIES IN SCHOOL**EIN:** 38-3259824

Description	Amount
EXPENSES	
TRAVEL AND TRAINING	1,014
PRINTING	1,085
INSURANCE	7,042
POSTAGE/SHIPPING	224
PUBLIC RELATIONS	498
GRANT - PROGRAMS	18,971
DUES & MEMBERSHIPS	365
SUNDRY	421
PROGRAMS	1,148
FEES	1,701