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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)

2009

Department of the Treasury Internal Revenue Service

▶ 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

Open to Public Inspection

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B Check if applicable Please C Name of organization nu							cation num	nber						
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	• Se	ection 501(c)(3)					haritable trusts n	ıust attaçh		Accounting	-			
			a cor	mpleted Sc	chedule A (Fo	orm 990 or 99	90- <i>EZ</i>).			Other (spe	cify) ▶~	امما	CKECIL	ړي.
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	Check -						rting organization a						nan \$25,00	Ю. А
							zation chooses to f				mplete re	eturn.		
							000 or more, file Fo				> ;	\$		
P	art l						Assets or Fun	d Balance	es (Se	e the ins	truction	is for	Part I.)	
	1	Contribution	ons, gift	ts, grants,	and similar	amounts re	ceived .	1			. 1		0	
	2						s and contracts				. 2	1	Ď	
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	5				assets other		tory	5a	(<u>) </u>				
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Revenue	. ا	a Gross reve					of contribution	_	0,	_	- I			
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	•		-				ties (Subtract line	e 6b from l	ine 6a) _,	· · ·	. <u> 6c</u>	<u> </u>	<u> </u>	
	7:	a Gross sale	s of inv	entory, le:	ss returns ar	nd allowand	es	. 7a		<i></i>				
	I	b Less: cost	of good	ds sold				. 7b	()				
	(c Gross prof	it or (lo	ss) from s	ales of inver	ntory (Subtra	act line 7b from	line 7a) .			. 7c	1	Λ	
	8	GDD COUDDITE AMMACIED) 8		12254	19.99		
	9				2, 3, 4, 5c,						9		14.06	
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						n schedule)		: -			. 10	₩-	2,89	<u> </u>
	11	Benefits pa									. 11	ļ		
9	12			•	on, and emp	-					. 12	ļ	<u> </u>	
penses	13						ent contractors				. 13		<u> </u>	
	14	Occupancy	y, rent,	utilities, a	nd maintena	ance					. 14	<u>L</u>	D	
ũ	3	Printing, p	ublicati	ons, posta	age, and shi	pping					. 15	3	320.73	5
	16	Other expe	enses (d	describe I	► SEE	SCHEDI	JLE ATTACE	HED) 16		0.082	
	17										17		4.299	
	18	Evenes or	(deficit)	for the ve	or (Subtract	t line 17 from	m line 9)			· · · · ·		 		
əts	19											├		<u>9.64)</u>
SS	'3		sets or fund balances at beginning of year (from line 27, column (A)) (mulyear figure reported on prior year's return)					1		8,944	1.09			
Š	1		_			•						Ļ		
Net Assets	20						ch explanation)					<u> </u>		
_	21						ne lines 18 throu				▶ 21		8,714	
P	art I	li Balance	Shee	ets. If Tota	al assets on	line 25, colu	umn (B) are \$1,2	50,000 or r	more, fil	le Form 9	90 inste	ad of		
				(See the	e instruction	ns for Part II.	.)			(A) Beginnin	g of year		(B) End of	year
22	?)	Cash savings	and in	-			,		<u> </u>	8,944			8,714	<u> </u>
<u></u>										- 5		23	<u> </u>	
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24	. (∪ırıer assets ((uescrib	⊭ ►)	•	. <u> </u>	24	$\frac{1}{2}$	/
25									· [_	8,94	+•∪ጛ		8,714	r • 47
26		Total liabilitie							_)	0		26	0	
27	<u>' </u>	Net assets or	fund b	palances (line 27 of co	olumn (B) m	ust agree with li	ne 21) .		8,944	1.09	27	8,71	4.45

Form **990-EZ** (2009)

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)	1	Expenses
	is the organization's primary exempt purpose?				(Requ	ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear a	nd concise	501(c)	(3) and 501(c)(4)
	ner, describe the services provided, the number of					zations and section a)(1) trusts, optional
each	program title.	•			for oth	
28	CENTRAL FLORIDA COMMUNITY C	OLLEGE FOUNDATION	ON \$600.00	:		
	RASMUSSEN COLLEGE \$500.00; V	OITURE NATIONAL	E CHILD WE	TFARE		
	FUND\$ 50.00& BOGGY CREEK \$50	0.00				
	***************************************	includes foreign grants, ch	eck here	▶ □	28a	1,650.00
29		LLOWSHIP \$ 500.0		TNG 2		1,070.00
	FAMILES WITH ELECTRIC SERVIC	E \$ 650.65& LAD				
-	LEAGUE \$400.00			T 1111		1,550.65
•		includes foreign grants, ch		N [7]	29a	1,770.07
30		&CHRISTMAS)\$345	97 RIISSE	T.T. HOME	23a	· ····
		ON A CANCER RUN	\$ 100.00	<u> </u>]]	
	· · · · · · · · · · · · · · · · · · ·	ON A CANCER RON	<u> </u>			695.97
	(Grants \$ 695.97) If this amount	includes foreign grants, ch	 ock horo	▶ □	30a	097.91
31	Other program services (attach schedule)	includes foreign grants, cir	eck liefe	· • <u> </u>	Jua	
31		includes foreign grants, ch	ook horo		31a	0
32	Total program service expenses (add lines 28a				32	3,896.62
Par				ted (See the		tions for Part IV
ı aı	List of Officers, Directors, Trustees, and Re	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid, enter -0)	employee benefit	plans &	account and
11		devoted to position CHEF DE GARE		deferred comper	nsation	other allowances
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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	33		V
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
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.			~
а	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		レ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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		0
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		0
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		<u>D</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		ļ	
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		V
c d	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			
е	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		ก
41	List the states with which a copy of this return is filed. ► FIOR: OA	400		
42a	The organization's books are in care of ▶ Telephone no. ▶			
	located at D			
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	Yes	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		V
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		. •	- C
44	Did the experiencian maintain any depart of the dead for the War II Form 200 mark he accorded to the	r	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		ļ
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	1		1/

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 4 and complete the tables for lines 50	d section 4947(a)(1) n 947(a)(1) nonexempt o and 51.	onexempt charita charitable trusts m	able trusts only. A ust answer question	II sect ons 46	ion -49b			
	Did the organization engage in direct or indire		tivities on behalf of	or in opposition to		Yes No			
	candidates for public office? If "Yes," complet				46	V			
	Did the organization engage in lobbying activit	· · · · · · · · · · · · · · · · · · ·	•		47	$-\!$			
	Is the organization a school as described in sec		•		48	_ 			
	Did the organization make any transfers to an If "Yes," was the related organization a section		elated organization?		49a 49b	-+V			
50	Complete this table for the organization's five employees) who each received more than \$10	highest compensated er			trustee				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowances			
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f	Total number of other employees paid over \$1	00.000							
	\$100,000 of compensation from the organizat			Type of service	(c) Com	pensation			
	No Maria								
		·							
									
d	Total number of other independent contractor	s each receiving over \$10	00,000▶						
	Under penalties of perjury, I declare that I have examined belief, it is true correct, and complete Declarate	nined this return, including according of preparer (other than office	mpanying schedules and er) is based on all informat	statements, and to the beation of which preparer has	st of my i	knowledge wledge			
Sign Here	Signature of officer Date 7/								
	Type or print name and title	y - Collos	pondert	7/26/	0				
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See	instructions)			
Use On	I Firm's name for			EIN Phone and					
May the	e IRS discuss this return with the preparer sho	wn above? See instruction		<u> </u>	Yes 990	□ No			

ITEM 8 OTHER REVENUE	
FINES 50/50 SALE OF CHAPEAUS, SHIRTS, CAPS, PINS & EMBLEMS DONATION TO CHILD WELFARE FUND GOLF TOURNAMENT DONATION TO NURSES TRAUNING CHRISTMAS DINNER DINNER SHOW	\$ 137.74 131.75 216.00 105.00 2,016.00 6,556.00 2,000.00 847.50 540.00 \$ 12,549.99
<u>ITEM 10</u>	
DONATION TO VOITURE NATIONALE CHILD WELFARE FUND DONATION TO BOGGY CREEK DONATION TO VOITURE NATIONALE YOUTH & FELLOWSHIP ASSISTING NEEDY FAMILIES WITH ELECTRIC SERVICE LADY LAKE LITTLE LEAGUE FOOD BASKETS CFCC FOUNDATION RUSSELL HOME RASMUSSEN COLLEGE CANCER RUN TOTAL GRANTS	\$ 50.00 500.00 500.00 650.65 400.00 345.97 600.00 250.00 500.00 100.00
<u>ITEM 16</u>	
DUES TO VOITURE NATIONALE DEPARTMENT OF FLORIDA CORPORATE TAX PURCHASE OF CHAPEAUS, SHIRTS, PINS & EMBLEMS GOLF TOURNAMENT INSTALLATION DINNER ADMINISTRATION EXPENSES DINNER SHOW CHRISTMASCDINNER	\$ 860.50 61.25 463.90 6,100.63 533.22 540.18 540.00 982.60
	\$ <u>10,082.28</u>

OFFICERS VOITURE 1598 LADY LAKE FLORIDA 32159 2011/2012

CHEEDE CADE	DICHARDANONO	245 ((00
CHEF DE GARE	RICHARD LYONS	245-6608
CHEF DE TRAIN	JIM SANTOS	753-9483
LAMPISTE	PAUL GRUBB	753-1748
CONDUCTEUR	BOB PRINCE	750-2961
GARDE DE LA PORTE	BOB SIZEMORE	753-0493
CORRESPONDANT	SHELDON GOTESKY	352-446-9246
COMMISSAIRE INDENDANT	BOB SUPLEE	753-8546
AUMONIER	RALPH MUNDEN	751-5170
CHEMINOT	JOE BERUBE	753-5314
	MICK HOYLES	753-4703
	JOHN TRENKLE	750-9770
	IVAN BERRY	753-3605
	RICHARD J MONDRO	352-430-9470

EMAIL ADDRESSES:

CHEF DE GARE <u>RICHHOPPY@AOL.COM</u>

CORRESPONDANT GOTESKY5@AOL.COM

VERIFIED AND SIGNED BY SHELDON GOTESKY CORRESPONDANT 1598