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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning , 2010, and ending ,****B** Check if applicable:

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C The Foundation for Safer Athletic Fields
for Everyone
805 New Hampshire E
Lawrence, KS 66044

D Employer identification number

47-0839745

E Telephone number

(785) 843-2549

F Group Exemption Number**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ► www.stma.org

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **35,973.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

1 Contributions, gifts, grants, and similar amounts received	1	10,685.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	406.
5a Gross amount from sale of assets other than inventory	5a	
5b Less: cost or other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	24,882.
6c Less: direct expenses from gaming and fundraising events	6c	7,749.
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,133.
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 in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	28,224.
10 Grants and similar amounts paid (list in Schedule O)	10	13,500.
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	15,000.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	14,872.
17 Total expenses. Add lines 10 through 16	17	43,372.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,148.
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	151,839.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	136,691.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	152,314.	22 132,761.
23 Land and buildings		23
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	12,575.	24 13,375.
25 Total assets	164,889.	25 146,136.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	13,050.	26 9,445.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,839.	27 136,691.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this 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? See Schedule O

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 <u>See Schedule O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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 and deferred compensation	(e) Expense account and other allowances
Kim Heck 805 New Hampshire, Suite E Lawrence, KS 66044	Executive Direc 0	0.	0.	0.
Boyd Montgomery 8111 Lyndale Ave, South Bloomington, MN 55420	President 0	0.	0.	0.
Leo Goertz PO Box 30017 College Station, TX 77842	Vice President 0	0.	0.	0.
Tom Burns 1341 W Mockingbird Ln, 5th Flr Dallas, TX 75247	Director 0	0.	0.	0.
Ken Curry 805 New Hampshire, Suite C Lawrence, KS 66044	Director 0	0.	0.	0.
Mike Goatley 421 Smyth Hall Blacksburg, VA 24061	Director 0	0.	0.	0.
Jody Gill 15020 Metcalf Overland Park, KS 66223	Director 0	0.	0.	0.
Ron Hostick 550 Campanile Dr San Diego, CA 92182	Director 0	0.	0.	0.
Gil Landry 805 New Hampshire, Suite E Lawrence, KS 66044	Director 0	0.	0.	0.
Jay Warnick 474 Meadow Lane Providence, UT 84332	Treasurer 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule OCheck if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). See Schedule O	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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 L		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. , section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **Management** Telephone no. **(785) 843-2549**
 Located at **805 New Hampshire, Suite E Lawrence KS** ZIP + 4 **66044**

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)?
 If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 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 ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b 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 and 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'

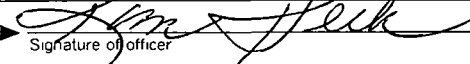
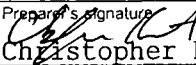
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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.

Sign Here	Signature of officer 		Date	
	Kim Heck		Executive Direc	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check <input checked="" type="checkbox"/> if self-employed
	Christopher Kohart	Christopher Kohart	7-15-11	PTIN P01087663
	Firm's name	Kohart Accounting, PA		
	Firm's address	901 Kentucky, Suite 306 Lawrence, KS 66044		
		Firm's EIN	27-3055108	
		Phone no	(785) 856-2882	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

SCHEDULE A
(Form 990 or 990-EZ)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

2010**Open to Public Inspection**Name of the organization **The Foundation for Safer Athletic Fields for Everyone**Employer identification number
47-0839745**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 described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (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?

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

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

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it 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.						
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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	46,187.	37,551.	45,434.	39,754.	35,567.	204,493.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	46,187.	37,551.	45,434.	39,754.	35,567.	204,493.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						204,493.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	46,187.	37,551.	45,434.	39,754.	35,567.	204,493.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,609.	5,354.	5,482.	3,214.	406.	21,065.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	6,609.	5,354.	5,482.	3,214.	406.	21,065.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,796.	42,905.	50,916.	42,968.	35,973.	225,558.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	90.7 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	89.9 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	9.3 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	10.1 %

19a 33-1/3% support tests — 2010. 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 — 2009.** 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. Also complete this part for any additional information. (See instructions).

[illegible]

Department of the Treasury
Internal Revenue Service

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.

2010

Open to Public Inspection

Employer identification number
47-0839745

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

- a ☐ Mail solicitations
b ☐ Internet and email 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 services? ☐ 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

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Golf Tournaments (event type)	(b) Event #2 Auction and Ra (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	15,700.	9,182.		24,882.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	15,700.	9,182.		24,882.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,053.	1,696.		7,749.
	10 Direct expense summary Add lines 4 through 9 in column (d)				7,749.
	11 Net income summary Combine line 3, column (d), and line 10				17,133.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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				

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?

☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain: _____

	Yes	No
--	-----	----

☐ Yes ☐ No

13a	%
13b	%

Name ▶ _____

☐ Yes ☐ No

Name ▶

Name ▶

Description of services provided ▶

☐ Independent contractor

☐ Yes ☐ No

Part IV **Supplemental information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **The Foundation for Safer Athletic Fields
for Everyone**

Employer identification number
47-0839745

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To enrich communities through championing safe, sustainable sports and recreation
fields for all athletes, users and participants.

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

The Foundations's purpose is to enrich communities through championing safe,
sustainable sports and recreation fields for all athletes, users and participants
through educational programs, addressing environmental concerns, specific research
and the dissemination of information.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges	\$	44.
Miscellaneous		30.
Scholarship expenses		8,221.
Travel		6,577.
Total	\$	<u>14,872.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 12,575.	\$ 13,375.
Total	<u>\$ 12,575.</u>	<u>\$ 13,375.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 3,750.	\$ 0.
Deferred Revenue	9,300.	9,445.
Total	<u>\$ 13,050.</u>	<u>\$ 9,445.</u>

Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents

The Organization amended its by-laws, which included a name change and redefined its exempt purpose. The amended bylaws were adopted Nov. 18, 2010.

ARTICLE I: NAME AND PURPOSE**Section 1.1 Name:**

The Corporation shall be known as The Foundation for Safer Athletic Fields for Everyone (hereinafter referred to as SAFE Foundation).

Section 1.2 Purpose:

The purpose of the SAFE Foundation shall be to enrich communities through championing safe, sustainable sports and recreation fields for all athletes, users and participants.

No part of the activities of the SAFE Foundation shall be the carrying on of propaganda, or otherwise attempting to influence legislation. The SAFE Foundation shall not participate in or intervene in, including the publication or distribution of statements, any political campaign on behalf of any candidate for public office.

THE SAFE FOUNDATION

Bylaws - Adopted Nov. 18, 2010

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ARTICLE II: MEETINGS

Section 1.1 Annual Meeting:

An annual meeting will be held with the time and place to be set by the Board of Trustees.

Section 1.2 Special Meetings:

Special meetings may be called by the Chair or the Executive Committee.

Section 1.3 Notice:

Notice of each meeting shall be given in writing to each voting member not less than 10 or more than 60 days prior to the meeting.

ARTICLE III: VOTES

Section 1.1 Votes:

Votes of the Board of Trustees may be taken by the most convenient means of communication. All trustees have an equal vote.

Section 1.2 Decisions:

Unless otherwise noted, decisions of the Board of Trustees are to be determined by a quorum, which is a simple majority vote of the Trustees present, or if voting by other means, a majority vote.

Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents

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ARTICLE IV: BOARD OF TRUSTEES

Section 1.1 Board of Trustees Role, Size, Compensation:

The Board of Trustees is responsible for overall policy and direction of the SAFE Foundation and delegates responsibility for day-to-day operations to the Executive Director and committees.

The Board of Trustees shall have no fewer than 9 members. The total number of trustees shall always be uneven. Trustees (other than the Executive Director) shall not receive salaries or other compensation for their services as trustees but may be reimbursed for out of pocket expenses.

Section 1.2 Contract Authority:

The Board of Trustees has the authority to contract for needed services.

Section 1.3 Selection to the Board of Trustees:

1.3.1 Appointments: The SAFE Board of Trustees shall have two members from the current STMA Board of Directors as appointed by the STMA President.

1.3.2. Nominating Committee: All other Board of Trustee members will be identified by the SAFE Foundation Nominating Committee. This committee includes, but is not limited to, the following individuals:

- The Chair of the SAFE Foundation;
- The Sports Turf Managers Association (STMA) Nominating Committee Chair;
- The past Chair of the SAFE Foundation;
- and other individuals as appointed by the SAFE Foundation Chair.

1.3.3 Election. Nominees are to be elected to the Board by a three quarters vote of the SAFE Board.

Section 1.4 Terms:

All elected Board of Trustee members will serve three-year terms. Elected Board of Trustee members will serve no more than two consecutive terms, except the executive director who is a permanent member of the Board. Individuals become eligible for reappointment after they have been off of the Board of Trustees for a minimum of three years. All appointed Board of Trustee members will serve at the discretion of the STMA President, with no set minimum or maximum duration.

Section 1.5 Representation:

In addition to the appointed STMA Board members, the Board of Trustees shall include representatives from the following categories:

- Academics
- Donors
- Other supporters

These groups are to have a minimum of one representative.

Section 1.6 Vacancies:

Vacancies on the Board of Trustees will be appointed by the Chair of the Board of Trustees to fill the remainder of the term of office, unless the vacancies are from the STMA Board appointments.

Section 1.7 Resignation:

Resignation from the Board of Trustees must be rendered in writing.

Section 1.8: Removal:

Any Board of Trustee member may be removed for cause by a three-quarters vote of the remaining Board of Trustee members.

ARTICLE V: OFFICERS AND DUTIES

Section 1.1 Officers:

There shall be four officers of the Board of Trustees: Chair, Vice-Chair, Secretary, and Treasurer.

Section 1.2 Election:

The Officers shall be elected to their respective offices from the SAFE Board of Trustees by a three-quarters vote of the Board of Trustees.

Section 1.3 Duties of Officers: The duties of the officers are as follows:

Chair: The chair shall convene regularly scheduled Board meetings, shall preside or arrange for other members of the executive committee to preside at each meeting in the following order: Vice-Chair, Secretary and Treasurer.

Vice chair: The Vice-Chair will chair committees on special subjects as designated by the Board of Trustees.

Secretary: The Secretary shall be responsible for keeping records of Board actions, including overseeing the taking of minutes at all board meetings, sending out meeting announcements, distributing copies of minutes and the agenda to each Board of Trustees member, and assuring that corporate records are maintained.

Treasurer: The Treasurer shall make a report at each board meeting, chair the finance committee, assist in the preparation of the budget, help develop fundraising plans, and make financial information available to Board of Trustee members and the public.

ARTICLE VI: EXECUTIVE COMMITTEE

Section 1.1 Composition of Executive Committee:

The Executive Committee shall consist of the four elected officers and the executive director.

Section 1.2 Role of Executive Committee:

Except for the power to amend the Articles of Incorporation and Bylaws, the Executive Committee shall have all of the powers and authority of the Board of Trustees in the intervals between meetings of the Board of Trustees, subject to the direction and control of the Board of Trustees.

ARTICLE VII: INDEMNIFICATION OF BOARD OF TRUSTEE MEMBERS, OFFICERS, EMPLOYEES AND AGENTS

Section 1.1 Insurance and Indemnification:

The SAFE Foundation shall indemnify each Trustee, Officer, employee or agent of the Foundation against expenses, including attorneys' fees, judgments, fines and amounts paid in settlement actually and reasonable incurred by them to the fullest extent to which Officers and Trustees may be indemnified under the terms and conditions of the Foundation's Trustees and Officers insurance.

ARTICLE VIII: FISCAL YEAR

Section 1.1 Fiscal Year:

The fiscal year of the SAFE Foundation shall be January 1 to December 31.

ARTICLE IX: AMENDMENTS

Section 1.1 Amendments:

These Bylaws may be amended when necessary by a two-thirds majority of the SAFE Foundation's Board of Trustees.

ARTICLE X: ANNUAL REPORTS

Section 1.1 Annual Reports:

Annual reports are required to be submitted to the Board of Trustees showing income, expenditures and pending income. The financial records of the Foundation are public information and shall be made available to the STMA , its membership, the SAFE Foundation Board of Trustees and the public.

ARTICLE XI: COMMITTEES

Section 1.1 Establishment of Committees:

The Board of Trustees may establish such committees as it deems necessary, giving such committees such authority as the Board of Trustees deems appropriate.

Section 1.2: Term of Service of Committees and Committee Members:

All committees of the SAFE Foundation shall be appointed by the Board of Trustees and their term of office shall be for a period of one year, unless otherwise determined by the Board of Trustees.

ARTICLE XII: DURATION

Section 1.1 Duration:

The period of duration of the SAFE Foundation is perpetual.

ARTICLE XIII: DISTRIBUTION OF ASSETS

Section 1.1 Distribution of Assets :

No part of the net earning of the SAFE Foundation shall inure to the benefit of any member, trustee, officer of the SAFE Foundation, or any private individual, except that reasonable compensation may be paid for service rendered to or for the SAFE Foundation affecting one or more of its purposes, and no member, trustee, officer of the SAFE Foundation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the SAFE Foundation.

Upon dissolution, the SAFE Foundation Board of Trustees and the STMA Board of Directors will jointly determine the IRS qualifying organization(s) that receives the distribution of assets by a two-thirds majority vote.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	The Foundation for Safer Athletic Fields for Everyone	47-0839745
	Number, street, and room or suite number. If a P.O. box, see instructions	
	805 New Hampshire E	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Lawrence, KS 66044	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **Management**

Telephone No ► **(785) 843-2549**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

► ☒ calendar year 20 10 or► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)