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# Form **990**

Department of the Treasury Internal Revenue Service **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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public Inspection

For the 2010 calendar year, or tax year beginning and ending JUN 30, 2011 2010 Check if C Name of organization D Employer identification number THE ANTHONY WAYNE EDUCATION FOUNDATION Address change C/O FRED BEENING 31-1419701 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated PO BOX 294 (419)255-6500 City or town, state or country, and ZIP + 4 41,891. G Gross receipts \$ Applica-WATERVILLE, OH 43566-0294 H(a) is this a group return pendina Yes X No F Name and address of principal officer. FRED W. BEENING for affiliates? P.O. BOX 294, WATERVILLE, OH 43566 H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1994 M State of legal domicile OH Part I Summary Briefly describe the organization's mission or most significant activities THE FOUNDATION IS DEDICATED TO Activities & Governance THE PROMOTION OF ACADEMIC ABILITY, ACHIEVEMENT AND EXCELLENCE IN THE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, Ine 34 **Prior Year Current Year** 34,011 37,191. Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 4,200. 2,489. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,000 500. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,891. 37,500 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,550 32,155. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,801 2,066. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Par IX, colomn-(A) 19,351 34,221. Revenue less expenses. Subtract line 18 from line 12 18,149 7,670. **Beginning of Current Year** End of Year 245,109. 20 Total assets (Part X, line 16) 228,985. 0. 0. Total liabilities (Part X, line 26) 228,985. 245,109. Net assets or fund balances Subtract line 21 from line Part II Signature Block 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. Sian TREASURER FRED W. BEENING Here Type or print name and title Date Preparer's signature Print/Type preparer's name sett-employed Paid Preparer Firm's EIN Firm's name Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$

\_\_\_) (Revenue \$

4e Total program service expenses ► 32,155.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Ye," omplete Schedule A .	_1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			:
	public office? If "Ye," omplete Schedule C, aPt I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Ye," omplete Schedule C, and II.	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Ye," omplete Schedule C, and II	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Ye," omplete Schedule D, and I	6		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Ye," omplete &hedule D, and II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ye," omplete			
	Schedule D, aRt II	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		-	77
	credit counseling, debt management, credit repair, or debt negotiation services? If "Ye," omplete &hedule D, and W	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			37
	If "Ye," omplete Schedule D, and V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Ye," omplete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
	assets reported in Part X, line 16? If "Ye," omplete &hedule D, aPt VI	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Ye," omplete &hedule D, and VI	11c		Х
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Ye," omplete &hedule D, art X	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Ye," omplete Schedule D, aPt X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Ye," omplete Schedule D, and X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Ye," omplete			
	Schedule D, aRts XI XI, and XI	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Ye," and filte organization answered "No" of the 2a, then ompleting Schedule D, and XI, and XI is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Ye," omplete &hedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	]	_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Ye," omplete Schedule F, atts I and ♥	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Ye," omplete Schedule F, afts II and V	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Ye," omplete Schedule F, afts II and V	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Ye," omplete Schedule G, ARt I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Ye," omplete Schedule G, Art II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ye,"	ا ـ ا	ı	v
	complete Schedule G, and II	19		X
20a	Did the organization operate one or more hospitals? If "Ye," omplete Shedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	005		
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990 /	2010)
		TOTAL !		-0101

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Part IV Checklist of Required Schedules (continued)

			I	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
۷١	United States on Part IX, column (A), line 1? If "Ye," omplete Schedule, I Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Λ.	
~~	column (A), line 2? If "Ye," omplete Schedule ,! Parts I and II	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	12		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ye," omplete	1		
	Schedule J	23		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	last day of the year, that was issued after December 31, 2002? If "Ye," aswer ihes 2b brough 2d and omplete			
	Schedule K.f.I"No", goo the \$	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С		240		
	any tax-exempt bonds?	24c		
		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25-		х
	disqualified person during the year? If "Ye," omplete Schedule L Part I	25a		
b	Is the organization 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 "Ye," omplete	054		v
	Schedule L Mart I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		v
	person outstanding as of the end of the organization's tax year? If "Ye," omplete Shedule L Art II	26_		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Ye," omplete			v
	Schedule L. Bert II	27	3	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Ye," omplete Schedule L. Art V	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Ye," omplete Shedule L Part V	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Ye," omplete Schedule L. Ret V	28c		<u>X</u> X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Ye," omplete &hedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
	contributions? If "Ye," omplete &hedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Ye," omplete Schedule N, aPt I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ye," omplete	20		X
	Schedule N, 47t	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	sections 301.7701-2 and 301 7701-3? If "Ye," omplete Schedule R. Mart I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?	24		v
	If "Ye," omplete Schedule I, Iarts II, II, V, and V, inte 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	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 "Ye," omplete Schedule R Ret V,inb 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
	If "Ye," omplete Schedule R Mart V, inte 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
	and that is treated as a partnership for federal income tax purposes? If "Ye," omplete &hedule R Art VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O		990 (	2010)
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Part V Statements Regarding Other IRS Filings and Tax Compliance

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7	n	1	Page	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," rpvide an aplanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		•	
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," rpvide an aplanation n Schedule O	14b		<u> </u>
		Form	990 (	2010)

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Part VI Governance, Management, and Disclosure For ach "Ye" reponse to thes 2 brough to below, and for a "No spense to the &, &, or Ob below, escribe the ercumstances, pocesses, or hanges n Schedule O & nstructions.

	Check if Schedule O contains a response to any question in this Part VI				
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	. 5		X
6	Does the organization have members or stockholders?	•	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	mbers of the	1		1
	governing body?		7a	<u></u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal by the stockholders and the stockholders are stockholders.	sons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during the year			
	by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	organization's mailing address? If "Ye," povide the tames and addresses in Schedule O		_ 9		Х
Sec	tion B. Policies (This Section Birquests information about plicies of required by the internal Re	venue Cod)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ng the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go the 3		12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	ld give rise			
	to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Ye," <b>e</b> scribe			
	ın Schedule O dw his s done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	ļ	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	uate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organical steps to safeguard the organical steps.	nızation's			
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶OH				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availa	ble for		
	public inspection Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest policy	, and fina	ancial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books an	d records of the organ	ization.	<b>-</b>	
	FRED W. BEENING - (419) 877-5866			<del>.</del>	
	PO BOX 294. WATERVILLE. OH 43566-0204				

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

hours per (check all that apply) compensation from related (describe hours for related organizations related organizations	Estimated amount of other ompensation
Week	other
TRUSTEE 1.00 X 0. 0.  FRED BEENING  TREASURER 1.00 X X 0. 0.  BOB CONLEY  TRUSTEE 1.00 X 0. 0.  DAVE MYERHOLTZ  TRUSTEE 1.00 X 0. 0.  JIM PEASE  VICE PRESIDENT 1.00 X X 0. 0.  JERRY PEACOCK  TRUSTEE 1.00 X 0. 0.  CHRISTINE SCHULTZ  TRUSTEE 1.00 X 0. 0.  BECKY TAYLOR  PRESIDENT 1.00 X X 0. 0.  BECKY TAYLOR  PRESIDENT 1.00 X X 0. 0.  BOB WALTERS  TRUSTEE 1.00 X 0. 0.  STACY WETZEL 1.00 X 0. 0.  GARY WISE  TRUSTEE 1.00 X 0. 0.  CINDA PONTSLER	from the rganization and related ganizations
### FRED BEENING ###################################	
TREASURER	0
### BOB CONLEY TRUSTEE	
TRUSTEE 1.00 X 0. 0.  DAVE MYERHOLTZ  TRUSTEE 1.00 X 0. 0.  JIM PEASE  VICE PRESIDENT 1.00 X X 0. 0.  JERRY PEACOCK  TRUSTEE 1.00 X 0. 0.  CHRISTINE SCHULTZ  TRUSTEE 1.00 X 0. 0.  BECKY TAYLOR  PRESIDENT 1.00 X X 0. 0.  BOB WALTERS  TRUSTEE 1.00 X 0. 0.  BOB WALTERS  TRUSTEE 1.00 X 0. 0.  STACY WETZEL  TRUSTEE 1.00 X 0. 0.  GARY WISE  TRUSTEE 1.00 X 0. 0.  CINDA PONTSLER	0
DAVE MYERHOLTZ TRUSTEE	
TRUSTEE	0
JIM PEASE	_
VICE PRESIDENT   1.00   X   X   0.   0.     JERRY PEACOCK	0
JERRY PEACOCK	_
TRUSTEE 1.00 X 0. 0.  CHRISTINE SCHULTZ  TRUSTEE 1.00 X 0. 0.  BECKY TAYLOR  PRESIDENT 1.00 X X 0. 0.  BOB WALTERS  TRUSTEE 1.00 X 0. 0.  STACY WETZEL  TRUSTEE 1.00 X 0. 0.  GARY WISE  TRUSTEE 1.00 X 0. 0.  CINDA PONTSLER	0
CHRISTINE SCHULTZ  TRUSTEE	_
### TRUSTEE ### 1.00 X	0
### ##################################	^
PRESIDENT	0
### ##################################	^
TRUSTEE 1.00 X 0. 0.  STACY WETZEL  TRUSTEE 1.00 X 0. 0.  GARY WISE  TRUSTEE 1.00 X 0. 0.  CINDA PONTSLER	0
STACY WETZEL  TRUSTEE	^
TRUSTEE 1.00 X 0. 0.  GARY WISE  TRUSTEE 1.00 X 0. 0.  CINDA PONTSLER	0
GARY WISE  TRUSTEE 1.00 X 0. 0.  CINDA PONTSLER	0
TRUSTEE 1.00 X 0. 0.	
CINDA PONTSLER	0
SECRETARY 1.00 A A U. U.	0
	0
	·

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	istees, Key Er	mple	оуеє	s, a	nd I	High	est	Compensated Employ	ees (continued)				
(A)	(B)			((	C)			(D)	(E)			(F)	
Name and title	Average	,-		Pos				Reportable	Reportable		Es	tımate	∍d
	hours per week	(C	nec	all	tnat	app	ily)	compensation	compensatio			nount	
	(describe	흟	Ì					from the	from related			other	
	hours for	r director	ŀ			8		organization	organization (W-2/1099-MIS			pensa om th	
	related	lee or	ustee		1	ensat		(W-2/1099-MISC)	(** 22 1000 14110	,		anızat	
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee		(** = *********************************			_	d relat	
	ın Schedule	Mag	iii E	Officer	E	plest	ä				orga	ınızatı	ons
	O)	Ĕ	Ë	ā	5	主旨	윤						_
		ĺ			İ				i ·				
		ļ	<u> </u>	_		<u> </u>							
			-			_							
	<u> </u>	_					_						
						<u> </u>		 	•				
					_								
					İ								
	•												
								-					
1b Sub-total						<b></b>		0.		0.			0.
c Total from continuation sheets to Part VII	l, Section A					$\blacktriangleright$		0.		0.			0.
d Total (add lines 1b and 1c)						<b>&gt;</b>		0.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wł	o re	eceived more than \$100	,000 in reportable	е			
compensation from the organization						-					ı	<del></del> 1	0
							1.			r		Yes	No
3 Did the organization list any former officer, line 1a? If "Ye," omplete Schedule J for		stee	, кеу	em /	ibio	/ee,	or r	nignest compensated en	npioyee on		3		x
		0.00		2000	tion	anc	1 0+1	hor componention from	the organization	• }	3	$\dashv$	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									ine organization		4		Х
5 Did any person listed on line 1a receive or a									dual for services	Ì		-	<del></del> -
rendered to the organization? If "Ye," omj											5		X
Section B. Independent Contractors													
Complete this table for your five highest cor	mpensated ind	iepe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ation fi	rom	
the organization NONE	<del> </del>												
(A) Name and business	address							( <b>B)</b> Description of s	ervices	C	(C omper		n
Traine and Seemed							-						<del></del>
			-					1818 1					
							+	<del></del>					
									ļ				
	<del></del>						$\dashv$						
2 Total number of independent contractors (in	ncluding but no	ot lir	nıte	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 in compensation from the organiz					(								
											Form 9	<del>9</del> 90 (2	2010)

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C/O FRED BEENING

	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns 1a		_			
Contributions, gifts, grants and other similar amounts	k	Membership dues 1b					
s, c	(	Fundraising events . 1c					
ar	c	Related organizations 1d					
ž, E	•	Government grants (contributions) 1e					
tior s	f	All other contributions, gifts, grants, and					
혈취		similar amounts not included above 1f	37,191.				
g	ç	Noncash contributions included in lines 1a-1f \$	· -				
Ω ₽	ŀ	Total. Add lines 1a-1f	<b></b>	37,191.			
			Business Code				
မွ	2 a	·					
e Ķ	k		1				
Sul	c		1 1				
eve	c	l <u></u>					
Program Service Revenue	e		_				
ا ته	f	All other program service revenue .				<del></del>	
	ç	Total. Add lines 2a-2f	<b>•</b>				
	3	Investment income (including dividends, in					
		other similar amounts)	. ▶	4,200.			4,200.
	4	Income from investment of tax-exempt bon	d proceeds				
- 1	5	Royalties	<u> </u>				
		(i) Real	(ii) Personal				
		Gross Rents 500	0.				
		Less: rental expenses					
		Rental income or (loss)500	)•	500			
		Net rental income or (loss)	<b>•</b>	500.	500.	<del></del>	- <del></del>
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
		Gain or (loss)	<del></del>				
		Net gain or (loss)	<b>•</b>			<del> </del>	
e l	8 a	Gross income from fundraising events (not					
Other Revenu		including \$ of					
Re		contributions reported on line 1c). See					
ĕ		Part IV, line 18	a		1		
8		Less: direct expenses	b		·		
		Net income or (loss) from fundraising event	s				
	9 a	Gross income from gaming activities. See Part IV, line 19					
	_	Less: direct expenses	a b				
- 1		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns		-			-
	10 a	and allowances	a				
	Ь	Less: cost of goods sold	ь				
		Net income or (loss) from sales of inventory					
t		Miscellaneous Revenue	Business Code				
}	11 a						
	ıı a		-	-	<del></del>		
	c		-	<del> </del>			·
	d	All other revenue	-		-		_
1	e	Total, Add lines 11a-11d	<b>•</b>				
	12	Total revenue. See instructions.	•	41,891.	500.	0.	4,200.
03200			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		•	Form <b>990</b> (2010)

31-1419701 Page 10

# Form 990 (2010) C/O FRED BEENING Part IX Statement of Functional Expenses

Section \$1(c)(3) and \$1(c)(4) organizations must omplete all olumns

	All ofter organizations met on		e ot required o omple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	10,905.	10,905.		
2	Grants and other assistance to individuals in		•		
	the U.S. See Part IV, line 22	21,250.	21,250.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
	trustees, and key employees		!		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .				
b	Legal				
С	Accounting [				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion .	462.		462.	
13	Office expenses				<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			4 001	
23	Insurance	1,374.		1,374.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	SCHOLARSHIPS TO SENIORS	0.			
b	GRANTS TO SCHOOL CLASSR	0.			
С	MISCELLANEOUS	130.		130.	
d	OHIO REGISTRATION	100.		100.	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	34,221.	32,155.	2,066.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010)

Part X | Balance Sheet

C/O FRED BEENING

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,798.	1	514.
	2	Savings and temporary cash investments	34,544.	2	46,303.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	,	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 50,000.	]		
	ь	Less accumulated depreciation 10b	50,000.	10c	50,000.
	11	Investments - publicly traded securities	136,643.	11	148,292.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	228,985.	16	245,109.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilıties	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	······
	25	Other liabilities Complete Part X of Schedule D	0.	25 26	0.
	26	Total fiabilities. Add lines 17 through 25	0.	26	<u>U•</u>
		Organizations that follow SFAS 117, check here   X and complete	,		
Ses		lines 27 through 29, and lines 33 and 34.	11,966.	27	40,228.
lan	27	Unrestricted net assets	128,088.	28	129,617.
Ва	28	Temporarily restricted net assets	88,931.	29	75,264.
pur	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here and	00,551.	29	13,204.
ı.F.					
S		complete lines 30 through 34.		30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	_
Net	32	Retained earnings, endowment, accumulated income, or other funds	228,985.	33	245,109.
_	33	Total net assets or fund balances	228,985.		245,109.
	34	Total liabilities and net assets/fund balances	, 220,203.	<u> </u>	Form <b>990</b> (2010)

_	1 990 (2010) C/O FRED BEENING	<u> 31-1419</u>	9701	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{X}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4:	L,8	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 4	1, 2	21.
3	Revenue less expenses Subtract line 2 from line 1	3	-	7,6	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228	3,9	85.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		$\frac{1}{4}$	54.
_6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	245	5,1	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	1		İ
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (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.

2010

Open to Public Inspection

Employer identification number Name of the organization THE ANTHONY WAYNE EDUCATION FOUNDATION 31-1419701 C/O FRED BEENING Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. b Type II c Type III - Functionally integrated d \_\_\_\_ Type III · Other \_\_ Type I 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 U.S.? governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No No

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

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)

<u></u>	fails to qualify under the tests	listed below, ple	ase complete Part	III.)		1	
_	ction A. Public Support				Т	1	
	endar 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 any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf			ĺ			
2	The value of services or facilities			<u> </u>		-	
3	furnished by a governmental unit to						
	the organization without charge						
А	Total, Add lines 1 through 3						<del> </del>
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			ŀ			
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,				•		
	column (f)					1	
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support			<u> </u>			
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					i l	
	securities loans, rents, royalties						
	and income from similar sources						<del> </del>
9	Net income from unrelated business						
	activities, whether or not the		İ				
	business is regularly carried on			<del> </del>	-	<del>                                     </del>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				+	<del></del>	
	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	12	<del> </del>
	Gross receipts from related activities, First five years. If the Form 990 is for			rd fourth or fifth t	 av vear as a sectio	<del></del>	
13	organization, check this box and stop		s mst, second, tin	a, lourth, or little	ax year as a section	511 50 1(0)(0)	▶ [ ]
Se	ction C. Computation of Publi		ercentage				
14	Public support percentage for 2010 (li	ne 6, column (f)	divided by line 11,	column (f))		14	%
	Public support percentage from 2009			•••		15	%
16a	a 33 1/3% support test - 2010.If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this box	x and
	stop here. The organization qualifies	as a publicly sup	ported organization	n ,			▶□
Ł	33 1/3% support test - 2009.If the or	rganization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			ightharpoons
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the "fact	ts-and-circumsta	nces" test, check t	his box and stop I	here. Explain in Pa	art IV how the organ	ization
	meets the "facts-and-circumstances"	_	•		-		▶∟
t	o 10% -facts-and-circumstances test						
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						▶;;
18	Private foundation. If the organization	n did not check a	a box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction:	s ▶∟

Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990-EZ) 2010 C/O FRED BEENING 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

Se	ction A. Public Support	elow, please comp	olete Part II )	·			
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	/O Total
	Gifts, grants, contributions, and	(a) 2000	(b) 2001	(6) 2008	(u) 2009	(e) 2010	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	32,043.	31,079.	61,219.	34,011.	37,191.	195,543.
2	Gross receipts from admissions,	32,043.	31,075.	01,219.	34,011.	37,191.	195,545.
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-	-					
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	32,043.	31,079.	61,219.	34,011.	37,191.	195,543.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	3,025.	8,000.	49,000.	12,000.	17,000.	89,025.
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						0
	amount on line 13 for the year	2 025	9 000	40 000	12 000	17 000	0.
	Add lines 7a and 7b	3,025.	8,000.	49,000.	12,000.	17,000.	89,025.
	Public support (Subtract line 7c from line 6) tion B. Total Support						106,518.
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	32,043.	31,079.	61,219.	34,011.	37,191.	195,543.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,984.	4,696.	4,477.	3,489.	4,700.	22,346.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	4,984.	4,696.	4,477.	3,489.	4,700.	22,346.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	37,027.	35,775.	65,696.	37,500.	41,891.	<u>217,889.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						<u> </u>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (li	ne 8, column (f) di	vided by line 13, $\infty$	olumn (f))		15	48.89 %
	Public support percentage from 2009					16	<u>44.82 %</u>
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	10 (line 10c, colum	nn (f) divided by line	: 13, column (f))		17	<u> 10.26 %</u>
	Investment income percentage from 2	<u>-</u>				18	<u>7.75 %</u>
19a	33 1/3% support tests - 2010. If the						
ı	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						
a	· -	=					uio
20	line 18 is not more than 33 1/3%, chec		-			·=	

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE ANTHONY WAYNE EDUCATION FOUNDATION C/O FRED BEENING

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts Complete if the				
<u> </u>	organization answered "Yes" to Form 990, Part IV, lin		toodanto. Complete ii tile				
	organization answered Tes to Form 550, Factiv, in		(b) Funds and other accounts				
1	Total number at end of year	(4,	(2)				
	Aggregate contributions to (during year)		<del></del> -				
2							
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	_					
_	are the organization's property, subject to the organization's	-	└ Yes				
6	Did the organization inform all grantees, donors, and donor a		•				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe					
Pa	mpermissible private benefit?		Yes No				
			, ine /				
1	Purpose(s) of conservation easements held by the organizati	. —					
	Preservation of land for public use (e.g., recreation or e	. —					
	Protection of natural habitat	Preservation of a certified h	istoric structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a co	onservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	• • • • • • • • • • • • • • • • • • • •						
b							
C							
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure					
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orgai	nization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements if	·	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(E	, <del></del>				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	ganization's accounting for				
	conservation easements.						
Pa	t III Organizations Maintaining Collections o		Similar Assets.				
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public ext		public service, provide, in Part XIV,				
	the text of the footnote to its financial statements that descri						
b	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	rvice, provide the following amounts				
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial gain,	provide				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	Assets included in Form 990, Part X		<b>▶</b> \$				

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Schedule D (Form 990) 2010

		D BEENING						701 Page 2
Pa	rt III   Organizations Maintaining (							
3	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -							
	(check all that apply):							
а	Public exhibition	c		change programs				
b	Scholarly research	e	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's	exemp	t purpose	in Part XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or other s	ımılar as	ssets		
	to be sold to raise funds rather than to be m						Ye	
Pa	rt IV Escrow and Custodial Arran	<b>gements.</b> Compl	ete if the organizat	ion answered "Yes	s" to Fo	rm 990, P	art IV, line 9	, or
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ons or other assets	not inc	cluďed		
	on Form 990, Part X?						☐ Ye	s 🔲 No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.					
							Amo	ount
С	Beginning balance					1c		
d	Additions during the year		• ••			1d		
	Distributions during the year					1e		
f	Ending balance				•	1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?	• •			Ye	s No
	If "Yes," explain the arrangement in Part XIV.							
	rt V Endowment Funds. Complete		swered "Yes" to F	orm 990, Part IV, I	ine 10			
	· '	(a) Current year	(b) Prior year	(c) Two years ba		Three year	s back (e)	Four years hack
1a	Beginning of year balance	(a) Garroni you	(b) i iioi youi	10) 1110 jouro da	(G)	mileo year	o buon (c)	our yours buck
b	Contributions			-				
-	Net investment earnings, gains, and losses			<del>                                     </del>	-			
c d	Grants or scholarships				_			
	Other expenditures for facilities			- <del> </del> -				
e	·							
	and programs			+	_		<del>-  </del> -	<del></del>
	Administrative expenses			<del></del>		••	<del></del>	
g	End of year balance			1		<del></del> -		
2	Provide the estimated percentage of the year							
	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
		%						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered	for the	organizatio	on	<u></u>
	by						<u> </u>	Yes No
	(i) unrelated organizations						3a	<del></del>
	(ii) related organizations						<u>3a</u>	
b	If "Yes" to 3a(ii), are the related organizations	•					_3	ם
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm	- · · · · ·		<del></del>				
	Description of investment	(a) Cost or o	1 , ,		•	ımulated	(d) E	Book value
		basis (investr		s (other)	depre	ciation		
1a	Land			50,000.				50,000.
b	Buildings				_			
С	Leasehold improvements							
d	Equipment							
е_	Other .							
Total	Add lines 1a through 1e (Column di) met	erual Form 900 Part	X oftimo R) the	0(c) )		_	.	50 000

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010

032053 12-20-10

_	dule D (Form 990) 2010 C/O FRED BEENING	Audited Fines	aial State	31-1419701 F	age 4
Pal	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Finar	iciai State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6	·	
7	Prior period adjustments	-	7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			_1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a		4	
b	Donated services and use of facilities	2b		1 1	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	_2d		4 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		<b>」</b>	
С	Add lines 4a and 4b			4c	
_ 5	Total revenue Add lines 3 and 4c. (This most qual Form 990, Mart ,I ihe 2.)		····	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With Exp	enses per	<u>Return</u>	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	. 2a		]	
b	Prior year adjustments	2b		1	
С	Other losses	2c			
d	Other (Describe in Part XIV )	2d		<u> </u>	
е	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		1	
С	Add lines 4a and 4b			4c	
_5	Total expenses Add lines 3 and 4c. (This most qual Form 990, lart , lihe 8)			5	
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com				Part
-					
					<del></del>
				· <del>-</del> ·-	

CHEDULE I	_				•			OMB No 1545-0047	
orm 990)	-		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	i, les		2010	ı
spartment of the Treasury	-	Сотр	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	answered "Yes" to For	to Form 990, Par	t IV, line 21 or 22.		Open to Public	
ame of the organization	THE	ANTHONY WAYNE	EDUCATION F	FOUNDATION				Employer identification number	١.
	C/O FRED	BEENING						31-1419701	
Part I General In	General Information on Grants and Assistance	nd Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		ı
	criteria used to award the grants or assistance?	stance?	:	:	:		i	X Yes	_
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	States.				ı
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	l Organizations in the	United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part I	V, line 21, for any	1
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if a	dditional space is need	ded	
1 (a) Name and ad or gov	(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	I
									1
	-	_							
	- :								1
	-								1
;									
									ı
	-								
	-								I
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations			:			1 1
3 Enter total numb	Enter total number of other organizations  For Paperwork Reduction Act Notice: see the Instructions for Form 990.	s. see the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)	1 =

### 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.

2010
Open to Public Inspection

Name of the organization

THE ANTHONY WAYNE EDUCATION FOUNDATION C/O FRED BEENING

Employer identification number 31-1419701

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ANTHONY WAYNE LOCAL SCHOOL DISTRICT.
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS MADE
AVAILABLE AT THE FIRST MEETING OF THE GOVERNING BODY FOR REVIEW AND
COMMENT.
FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 8,454.

Schedule I (Form 990) (2010) C/O FRED BEENING

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

Page 2

31-1419701

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance o. 21,250, (c) Amount of cash grant 21 (b) Number of recipients (a) Type of grant or assistance CASH SCHOLARSHIPS

Schedule I (Form 990) (2010)