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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 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

Webster N/A Sotic(x) Sotic(x) Sotic(x) 4 (insert no) 4947(a)(1) or 527 (Form 1990 -996-Ez or 1990-PE)	Α	For the	2010 calend	ar year, or tax year beginning 10/01/10, and ending 09/30/11										
Name change C/O ABRAHM A. WILLIAMS, JR Roombuste E1-1303266	В	Check if	applicable	C Name of organization		D Employer identification number								
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K Chee. X if the cognization is not a section 598(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form sobre. In an other quirted though Form \$90-Ni (e-postacid) may be required (see instructions) But if the organization chooses to the a return, be sure to file a complete return. L Add lines 50, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II). Intel® 50, 5cole more, (i) below year \$500,000 or more, the most society of the property of the control of the property of the p	ı	Website	: ▶ <u>N/</u>		required to a	ttach Sch	nedule B							
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For Panerwork Reduction Act Notice see the separate instructions	_					141	Form 990-EZ (2010)							



For Paperwork Reduction Act Notice, see the separate instructions

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	Part II	•	see the instructions for Part II)					X
		Check if the organiza	tion used Schedule O to respond to	any question in this I				
					(A) Beginning of year		(B) E	nd of year
22	Cash, savin	igs, and investments			36,9	39 22		24,458
23	Land and be	uildings				0 23		
24	Other asset	ts (describe in Schedule (0)		2,9	93 24		3,867
25	Total asset	ts			39,9	32 25		28,325
26	Total liabili	ities (describe in Schedul	e O)		1	15 26	ļ	1,189
27	Net assets	or fund balances (line 2	7 of column (B) must agree with line 21)		39,8	17 27	<u> </u>	27,136
F	Part III	Statement of Prog	ram Service Accomplishment	s (see the instruction	ns for Part III)		Exp	enses
		Check if the organiza	tion used Schedule O to respond to	any question in this I	Part III	X (F	Required fo	or section
Wh	at is the orga	anization's primary exemp	t purpose?			50	01(c)(3) aı	nd 501(c)(4)
	See Schedu					or	ganızatıor	ns and section
De	scribe what v	vas achieved in carrying of	out the organization's exempt purposes.	n a clear and concise n	nanner, describe	49	947(a)(1)	trusts, optional
			sons benefited, or other relevant informat			fo	r others)	
28	The FAC	CT grant provides t	projects, events, and activiti	es				
		efit at-risk youth.						
		.						
	(Grants \$) If this amount includes foreign grants	, check here	• [28a	ĺ	31,664
29								
	(Grants \$) If this amount includes foreign grants	check here	▶ [
30	10.0.0		,					
	(Grants \$) If this amount includes foreign grants	check here	▶ [] 30a		
31		am services (describe in		, onour more		1		
•	(Grants \$	ani services (accorde in) If this amount includes foreign grants	check here	▶ [ີ 31a	1	
32		ram service expenses (a	add lines 28a through 31a)	, or root thore		▶ 32		31,664
	Part IV		ors, Trustees, and Key Employees. Lis	t each one even if n	ot compensated (s	ee the in	struction	ns for Part IV)
•			tion used Schedule O to respond to					Π
				(a) Title and average	(c) Compensation	(d) Contrib		(e) Expense
		(a) Name						
Gr	eg Hines		e and address	hours per week devoted to position		employee bea deferred con		account and other allowances
	-			devoted to position	(If not paid, enter -0)	employee ber deferred con		
		Avenue	Bowling Green	devoted to position Chairman	enter -0)			
	orge Pete	Avenue	Bowling Green RY 42103	devoted to position Chairman 0.00	enter -0)		npensation	other allowances
	orge Pete	rson	Bowling Green KY 42103 Bowling Green	devoted to position Chairman 0.00 Vice Chairm	enter -0) 0		npensation 0	other allowances
	38 Smallh	rson ouse Road	Bowling Green KY 42103 Bowling Green KY 42104	devoted to position Chairman 0.00 Vice Chairm 0.00	enter -0)		npensation	other allowances
	38 Smallh raham Wil	rson ouse Road liams	Bowling Green KY 42103 Bowling Green KY 42104 Bowling Green	devoted to position Chairman 0.00 Vice Chairm 0.00 Secretary	enter -0) 0		npensation 0	other allowances 0
24	38 Smallh raham Wil 7 Double	rson ouse Road liams Springs Road	Bowling Green KY 42103 Bowling Green KY 42104 Bowling Green KY 42101	devoted to position Chairman 0.00 Vice Chairm 0.00 Secretary 0.00	enter -0) 0		o O	other allowances
24 R1	38 Smallh raham Wil 7 Double ck Dubose	rson ouse Road liams Springs Road	Bowling Green KY 42103 Bowling Green KY 42104 Bowling Green KY 42101 Bowling Green	devoted to position Chairman 0.00 Vice Chairm 0.00 Secretary 0.00 Director	enter -0) 0 a 0		o O	other allowances 0 0
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P	n 990-EZ (2010) W.R.O.T.E., INC. 61-1303266		<u> </u>	age (
	art V Other Information (Note the statement requirements in the instructions for Part V)			
-	Check 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		163	
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		1	
þ	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities			
l0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or 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	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶	_		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	_ [
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40⊖		X
11	List the states with which a copy of this return is filed KY			^=
2a	The organization's books are in care of ▶ Nancy Becker Telephone no ▶ 2°	70-84	3 - 6	07
	PO Box 116	0100	^11	_
		2102-	ОТТ	ь
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	İ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<u></u>	Yes	No
	account)?	42b	-	X
	If "Yes," enter the name of the foreign country	-		ŧ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-		l .
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		.,
С	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S?	- 42c		х
С	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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	42c		
c 13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42c		_
c 13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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	42c		
c 13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42c		▶ [
c 13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42c	Yes	▶ [
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	_	Yes	► [
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42c	Yes	► [
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	► [
l4a	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b	Yes	▶ [N(X X
c 13 144a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?		Yes	X No X X X
l4a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b	Yes	► [No

DAA

		•												
Form 9	990-EZ (2010)	W.R.	о.т.:	Ε.,	INC.			61	L-13032	66			_ F	age 4
													Yes	No
45	is any related or	ganization	a controll	ed entity	of the orgar	ization within th	ne meaning	of section 512(t	o)(13)?			45	ļ	X
a	Old the organiza	tion receiv	e any pay	ment fro	om or engage	in any transac	tion with a	controlled entity	within the					ł
1	meaning of secti	on 512(b)	(13)? If "Y	es," For	m 990 and S	chedule R may	need to be	completed inste	ead of					
İ	Form 990-EZ (se	ee instruct	ions)									45a	↓	X
	-		•				ctivities on	behalf of or in or	pposition			-		
	to candidates for										 	46	<u> </u>	<u> </u>
Pari) nonexempt				section		
							mpt charif	table trusts mu	st answer qu	Jestio	ns 47-49b			
			•		es for lines									
	Chec	k if the or	ganizatio	on used	Schedule	O to respond	to any qu	estion in this P	art VI				T.	
	.											43	Yes	No X
	Did the organizat			-		•						47	╁──	X
	s the organization											48	┼──	X
	Did the organizat		-				ated organi	zation?				49a	┼	<u> </u>
	If "Yes," was the											49b	٠	ـــــــ
	•		•		•	. ,	•	er than officers,			-			
								inization If there b) Title and average	(c) Compens		e " (d) Contributions to) (4) Expen	
	(a)) Name and		each em 100,000	ployee paid mo	ore	'	hours per week	(o) compens		employee benefit plan	ıs& ad	count a	ınd
		,		100,000				devoted to position	ļ		deferred compensation	on othe	r allowa	nces
None							1		1			ł		
						 			 					
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							<u>. </u>							
	Total number of							-						
			-		_			ntractors who ea	ach received r	nore th	nan			
	\$100,000 of com							- I						
	(a) Name and	address of	each indep	endent co	ontractor paid i	nore than \$100,0	00	(b)	Type of service	<u> </u>	(C) Comper	nsation	
Non	е													
					 									
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	Total number of		•			-		-						·
52	Did the organizat	tion compl	ete Sched	Jule A? i	Note All sec	tion 501(c)(3) o	rganization	is and 4947(a)(1)		_	(T)	F1	
	nonexempt char											X Ye	s	No
								s and statements, and preparer has a		of my kr	nowledge and belie	ef, it is		
irue, co	mect, and complete	————		er (outer	man onicer) is		mation of wr	—————————	· · · · · · · · · · · · · · · · · · ·					
Cian														
Sign	Sign	ature of office	:er		//	,			Date	2-	-15-12	2		
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	+				HORSA.		71: Am	<u>s</u>	, <u> </u>	Data				
	Print/Type	preparer's r	ıame			Preparer's sign	nature	<u>_</u>		Date	Check] if PTI	N	
Paid		. Shelto	on		5	Latern	1 dK	elta	COIL &	<u>メーリ</u>		oyed P0		
Prepa				ton	& Asso	ciates,	LLP,	CPAs	V 17	F	ırm's EIN ▶	61-12	2746	35
Use C	Only Firm's add	ress	181	West	Profe	ssional	Park	Court						
	L		Bowl	<u>ing</u>	Green,	KY_ 42	104				Phone no 27	0-842	2-96	20
May th	ne IRS discuss th	nis return v					ons					▶	/es	No
DAA												Form 9	90-EZ	Z (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

W.R.O.T.E., INC. Employer identification number Name of the organization C/O ABRAHAM A. WILLIAMS, JR 61-1303266 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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). X 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) 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 c Type III-Functionally integrated d Type III-Other b Type II a 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 supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vii) Amount of (iv) is the organization (v) Did you notify (vi) is the (ii) EIN (iii) Type of organization (i) Name of supported rganization in col (described on lines 1-9 in col (i) listed in your the organization in support organization col (i) of your (i) organized in the governing document? above or IRC section support? US? (see instructions)) Yes No No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2010

Page 2

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.)

	tion A. Public Support									
Cale	ndar 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")	25,302	25,092	15,180	34,492	31,356	131,422			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	25,302	25,092	15,180	34,492	31,356	131,422			
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)						60.412			
•	, ,,						60,412			
6 Sec	Public support. Subtract line 5 from line 4 stion B. Total Support		<u> </u>			<u> </u>	71,010			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	25,302	25,092	15,180	34,492	31,356	131,422			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	376	-128	61	596	203	1,108			
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						132,530			
12	Gross receipts from related activities, etc. ((see instructions)				12	13,745			
13	First five years. If the Form 990 is for the	organization's first, s	second, third, fourth	, or fifth tax year as	a section 501(c)(3)				
	organization, check this box and stop here)					•			
Sec	tion C. Computation of Public Su	ipport Percent	age							
14	Public support percentage for 2010 (line 6,	column (f) divided t	y line 11, column (f))		14	53.58%			
15	Public support percentage from 2009 Sche	dule A, Part II, line	14			15	61.82%			
16a	33 1/3% support test—2010. If the organiz	zation did not check	the box on line 13,	and line 14 is 33 1/	3% or more, check	this				
	box and stop here. The organization qualif	fies as a publicly sup	oported organization	1			▶ [X			
þ	33 1/3% support test—2009. If the organic			•	33 1/3% or more,					
	check this box and stop here. The organiz	·		•			▶ [_			
17a	10%-facts-and-circumstances test—201									
	10% or more, and if the organization meets				•					
	Part IV how the organization meets the "fac	cts-and-circumstand	es" test. The organ	ization qualifies as	a publicly supporte	đ	▶ ["			
.	organization	O If the eraperation	a did not about a ba	w on line 12 16e 1	Ch or 17a and ha	•				
þ	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 med				· ·	v				
	supported organization	era me Tacis-and-Ci	rcumstances test	rne organization qu	uantes as a publici	7	▶ □			
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		- [
-	instructions		, , , .	_,,			▶ [

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.)

	tion A. Public Support		, , , , , , , , , , , , , , , , , , , 	-			
Caler	ndar 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	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		ŧ	<u> </u>	<u> </u>		
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(4) 2000	(3) 2001	(0) 2000	(4) 2000	(6) 2010	(i) ioiui
I0a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12)	<u></u>	l	L	l		<u> </u>
14	First five years. If the Form 990 is for the corresponding the book this box and stop here	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)(3)	. □
Sec	organization, check this box and stop here tion C. Computation of Public Su	nnort Percent	200				<u> </u>
5	Public support percentage for 2010 (line 8,			<u> </u>		15	%
6	Public support percentage for 2009 Scher	• •	•	(י)		16	%
	tion D. Computation of Investment					1 10	
7	Investment income percentage for 2010 (lin			olumn (f))		17	%
8	Investment income percentage from 2009 S			·-·-···· \///		18	%
9a	33 1/3% support tests—2010. If the organ			4, and line 15 is m	ore than 33 1/3%, a		
	17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests—2009. If the organ	ization did not ched	ck a box on line 14	or line 19a, and lin	e 16 is more than 3	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pub	licly supported orga	anization	▶ 🔲
0_	Private foundation If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	ind see instructions	<u> </u>	

Page 4

Schedule A (Form 990 or 990-EZ) 2010 W.R.O.T.E., INC.

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)

SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

W.R.O.T.E., INC.

C/O ABRAHAM A. WILLIAMS, JR

Employer Identification number 61-1303266

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

Description

Amount

Expenses

Program Personnel Costs		\$ 21,457
Travel		\$ 28
Insurance		\$ 5,482
Field Trip		\$ 6,715
Office Expenses		\$ 8,744
Instructional Materials		\$ 3,492
Transportation		\$ 2,000
	Total	\$ 47,918

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

Description		Beg.	of Year	End	of Year
Accounts Receivable		\$	375	\$	0
Prepaid Expenses and Deferred Charges		\$	2,618	\$	3,867
		\$	16,484	\$	16,484
Less Accumulated Depreciation		\$ <	16,484>	\$ <	16,484>
	Total	\$	2,993	\$	3,867

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

Description Beg. of Year End of Year Accounts Payable and Accrued Expenses \$ 115 \$ 1,189

Form 990-EZ, Part III - Primary Exempt Purpose

Schedule O (Form 990 or 990-EZ) (2010)

Page 2

Name of the organization

W.R.O.T.E., INC.

Employer identification number

61-1303266

Wrote, Inc. was formed to assist in the development of educational, learning and self-esteem skills of area youth. Wrote, Inc. will also provide recreational and social activities for young people.