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# Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**Wyalusing Area Education Foundation**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO Box 157**

City or town, state or country, and ZIP + 4  
**Wyalusing, PA 18853**

**D** Employer identification number  
**43-1994808**

**E** Telephone number  
**570-746-1600**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **56348**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

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

	Description	Line	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	55934
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	414
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	56348	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	4608
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	330
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1708
	16 Other expenses (describe in Schedule O)	16	56824
17 <b>Total expenses.</b> Add lines 10 through 16	17	63471	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7123
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	221214
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	214091

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**Part II Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	161214	154765
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .	60000	59326
25 <b>Total assets</b> . . . . .	221214	214091
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	221214	214091

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <b>Wellness Center Equipment</b> ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25217.81
29 <b>6th Grade Field Trip</b> ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19669.85
30 <b>Teacher Venture Grants</b> ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4608
31 <b>Other program services</b> (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	3150
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32	52644

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Chester Mummau 1673 Terrytown Mountain Rd. Wyalusing, PA 18853	Director 1	0	0	0
Debbie Stethers 647 Water St. Wyalusing, PA 18853	Director 1	0	0	0
Frank Thompson 4658 Route 706 Wyalusing, PA 18853	President 1	0	0	0
Joshua Kilmer 174 E. Third St. Wyalusing, PA 18853	Vice President 1	0	0	0
Thomas Witiak 159 Drakes Lane Old Forge, PA 18518	Treasurer 1	0	0	0
Jennifer Lewis 4460 Spring Hill Rd. Wyalusing, PA 18853	Secretary 1	0	0	0
Richard Robinson 225 Dempsey Hill Rd. New Albany, PA 18833	Director 1	0	0	0
Caroline Taylor 897 Route 706 Wyalusing, PA 18853	Director 1	0	0	0
Tonya Krewson 702 County Bridge Rd. Wyalusing, PA 18853	Director 1	0	0	0
Jay Chadwick 3591 Route 706 Wyalusing, PA 18853	Director 1	0	0	0
David Keeler PO Box 187 Wyalusing, PA 18853	Director 1	0	0	0
Stephanie Joyce 707 Water St. Wyalusing, PA 18853	Director 1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c			
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			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
37b			
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			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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			
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 . . . . . ▶ _____		
40c			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
40d			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
40e			
41	List the states with which a copy of this return is filed. ▶ <b>None</b>		
42a	The organization's books are in care of ▶ <b>Thomas Witiak</b> Telephone no. ▶ <b>570-746-1600</b> Located at ▶ <b>42 Main St. PO Box 157 Wyalusing, PA</b> ZIP + 4 ▶ <b>18853</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45a			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓
45b			

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

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**b** If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** Date 9-4-2013  
Thomas Witiak  
 Signature of officer  
**Thomas Witiak**  
 Type or print name and title  
**Treasurer**

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization <b>Wyalusing Area Education Foundation</b>	Employer identification number <b>43-1994808</b>
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**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description
<b>\$25217.81 Wellness Center Equipment</b>
<b>\$19669.85 6th Grade Trip</b>
<b>\$2593.29 Student Loans</b>
<b>\$3053.44 Gala</b>
<b>\$900.00 Civil War Field Trip</b>
<b>\$2000.00 Coaster Quest Field Trip</b>
<b>\$250.00 Welles Scholarship</b>
<b>\$300.00 Future Fundraising - Artwork</b>
<b>\$2475.00 Alumni Association</b>
<b>\$364.90 Misc.</b>
<b>Total: \$56824</b>

**Form 990-EZ, Part III - Primary Exempt Purpose**

To provide scholarships and other educational support for the children of the Wyalusing area.

**Form 990-EZ, Part III, Line 31 - All Other Achievements**

<b>\$2000.00 Coaster Quest Field Trip</b>
<b>\$900.00 Civil War Field Trip</b>
<b>\$250.00 Welles Scholarship (1 scholarship)</b>

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

Description: Student Loans

Beginning of Year	End of Year
<b>\$60,000</b>	<b>\$59,326</b>

Name of the organization

**Wyalusing Area Education Foundation**

Employer identification number

**43-1994808**

**Amended Return Information:**

**990EZ: Part II, Line 22 and Line 24 were corrected.**