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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Α	For the	2009 calenda	ar year,	or tax year beginning	8/01	, 2009	, and e	nding	7/3	1		, 20 10
В	Check if a	pplicable:	Please	C Name of organization					D Employe	ride	ntific	cation number
	Address	change	use IRS label or	CUMBERLAND COUNTY	PUBLIC SCHOOLS FO	UNDATION, I	NC.			54	-203	37253
Ц	Name ch	-	print or	Number and street (or P.O. bo	x, if mail is not delivered to	street address)	Roon	n/suite	E Telephon	e nu	mber	r
H	Initial retu Terminate	itial return erminated type. See c/o CLIFTON WHITE, PO BOX 170					804	1 49:	2-4493			
H	Amended		Specific Instruc-	City or town, state or country,	and ZIP + 4		-		F Group E	xen	nptic	
H		on pending	tions.	CUMBERLAND , VA 23040	)-0170				Number		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
=			organi	zations and 4947(a)(1) none		te muet attac	h (	G Accour	nting Metho	٠d٠	<b>7</b>	Cash
	9 360	11011 30 1 (0)(3)		npleted Schedule A (Form		is musi allac	"		specify)	u.		Oasii 🗀 Accidai
_					,						raan	ization is <b>not</b>
	Websit	to·► WWV	V CUME	BERLANDCOUNTY.VIRGINI	A GOV/CIVIC/FOUND	ATION/	'				-	ule B (Form 990,
				nly one) — 🗸 501(c) ( 3 )			527		, or 990-P		ieut	JIE D (I OIIII 990,
	Check I										ro th	200 \$25 000 A
			_	zation is not a section 509(a)		_						ian \$25,000. A
				turn is not required, but if the 9 to determine gross receipts						\$	JIII.	31,946
	Part I			penses, and Changes							for	
•	1			ts, grants, and similar am					1	-	101	29,190
	2									-		25,150
		_		revenue including governi					3	-		0
	3			s and assessments						-	—	
	4	Investment				1	1		4		—	2,206
	5a			m sale of assets other that	=				-			
	b			er basis and sales expens				,				•
Revenue	С			n sale of assets other that						-	—	0
	6	•		tivities (complete applicable part	, ,	•	ming, cr	ieck nere	. 🗆 📗			
	а			ot including \$			1					
		•		)					_			
	b			nses other than fundraisir	• .							
	С	Net income	e or (lo:	ss) from special events ar	nd activities (Subtrac	t line 6b from	n ļine 6	a)	6	2		0
	7a	Gross sale	s of inv	ventory, less returns and a	allowances	7a						
	b	Less: cost	of goo	ds sold		<b>7</b> b	)					
	С			ss) from sales of inventor						<b>;</b>		0
	8	Other reve	nue (de	escribe RETURN OF S	CHOLARSHIP BY UNI	VERSITY (NO	N-ENR	OLLMEN	<u>T)</u> ) 8			550
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8				. ▶ 9			31,946
	10	Grants and	d simila	r amounts paid (attach so	chedule)				10	)		19,630
	11	Benefits pa	aid to c	or for members					<u>1</u>	_		0
es	12	Salaries, o	ther co	mpensation, and employe	ee benefits				12	2		0
seuses	13			and other payments to in	•	ors			1	3		0
		Occupancy	y, rent,	utilities, and maintenance					14	1		0
Ж	15			ons, postage, and shippi					15	5		0
	16	Other expe	enses (	describe  SEE EXPEN	NSE SCHEDULE AS PA	ART OF SCHE	DULE	"0"	) 10	6		3,383
	17	Total expe	enses.	Add lines 10 through 16					. 🕨 1	7		23,013
S	18			for the year (Subtract line						3		8,933
sei	19			nd balances at beginning								
As		end-of-yea	ar figure	e reported on prior year's	return)				· · 19	)		73,257
Net Assets	20	Other char	nges in	net assets or fund balance	es (attach explanation	on)			20	)		0
_	21			d balances at end of year								79,632
F	Part II	Balance	e Shee	ets. If Total assets on line		51,250,000 o	r more					
				(See the instructions for	or Part II.)			(A) Begi	nning of yea	-	_	(B) End of year
2				vestments					73,2	-	-	82,290
2			_							0 2	_	0
2	<b>4</b> O	ther assets (	describ	pe ▶			)			0 2	-	0
2		otal assets .							73,2	_	_	82,290
2	6 To	otal liabilitie	<b>s</b> (desc	cribe ►	(7)	:	)			0 2	_	0
2	<u>7 N</u>	et assets or	fund b	palances (line 27 of colun	nn (B) <b>must</b> agree wi	th line 21)			73,2	7 2	27	82,290

Form 990-EZ (2009) Page **2** 

Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
What is the organization's primary exempt purpose? educational scholarships & teaching support grants								
Desc		)(3) and 501(c)(4)						
nanı	"	izations and section a)(1) trusts; optional						
each program title.								
28	\$ 19,630 in college scholarships were awarded in thi	s fiscal year						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	19,630		
29								
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	0		
30								
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □	30a	0		
31	Other program services (attach schedule)							
		includes foreign grants, che			31a	0		
32	Total program service expenses (add lines 28a	:hrough 31a)		▶	32	19,630		
	t IV List of Officers, Directors, Trustees, and Key				instruc	tions for Part IV.)		
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances		
Bick	el, Patricia							
	Deep Run Rd, Cartersville, VA 23027	Recording secretary: 2	0		0	0		
Gam	mage, Barbara							
PO E	Box 72, Cumberland, VA 23040	Director: 1	0		0	0		
Goo	dman, Herbert							
349	Sunnyside Rd, Cumberland, VA 23040	Director: 1	0		0	0		
Luca	s-Hill, Beverly							
PO E	3ox 170, Cumberland, VA 23040	VP: 1	0		0	0		
Jone	es, Chip							
3141	Rocky Ford Rd, Crewe, VA 23930	Director: 1	0		0	0		
Osl,	William							
158	Dakland Ln, Columbia, VA 23038	President: 1	0		0	0		
Pear	ce, Barbara	5						
9624	Northridge Ct, Richmond, VA 23235	Director: 1	0		0	0		
	nson, Bruce							
565	Deep Run Rd, Cartersville, VA 23027	Corresponding Sec: 2	0		0	0		
Urqı	ıhart, Hazel	Discount of the second						
31 0	akland Ln, Columbia, VA 23038	Director: 1	0		0	0		
Whit	e, Clifton	T						
1 An	derson Hwy, Powhatan, VA 23139	Treasurer: 2	0		0	0		
		1						

Part	Other Information (Note the statement requirements in the instructions for Part V.)		:	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<b>√</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	1	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	04		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			<b>√</b>
b	6033(e) notice, reporting, and proxy tax requirements?	35a 35b		<b>√</b>
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		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	- 50		
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee $\mathbf{or}$ were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ► Virginia			•
42a	The organization of books are in our of a	804 49	2 4493	3
	Located at ► 1 Anderson Hwy, Powhatan, VA ZIP + 4 ►	23139	-5439	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>Y</b>	<b>N</b> 1.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	. 55	<b>√</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		./
		140		<b>V</b>

Form 990-EZ (2009) Page **4** 

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	<b>section 4947(a)(</b> 47(a)(1) nonexem nd 51.	1) nonexen pt charitabl	<b>npt charita</b> e trusts mu	<b>ble trusts only.</b> A sist answer question	II sec ons 40	tion 6–49k	)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s					46	Yes	No ✓
	•					47		./
	If "Yes," was the related organization a section 5	•		_		49a 49b	✓	<b>√</b>
50	Complete this table for the organization's five hiemployees) who each received more than \$100,	ghest compensate	d employees	(other than	officers, directors,	truste		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per wee devoted to posi	rage (c)	Compensation		(e)	Expen count a	nd
none						01.10	anorra	
		-						
f	Total number of other employees paid over \$100	),000	<b>&gt;</b>					
	Complete this table for the organization's five I \$100,000 of compensation from the organization	n. If there is none,	enter "None.	"				
	(a) Name and address of each independent contractor	paid more than \$100,00	00	(b) T	ype of service	(c) Co	mpensa	ation
none								
d	Total number of other independent contractors of	each receiving ove	r \$100,000	<b>&gt;</b>				
	Under penalties of perjury, I declare that I have examine	ed this return. includina	accompanying s	schedules and s	tatements, and to the be	st of m	/ knowle	edae
0:	and belief, it is true, correct, and complete. Declaration							
Sign Here	Signature of officer				Date			
	CLIFTON C. WHITE, TREASURER, CCPSI	F, INC						
Paid	Preparer's signature		Date	Check if self-employed ►	Preparer's identifying nur	nber (Se	 e instruc	tions)
Prepare								
Use On	y yours if self-employed),				EIN ►			
May th	address, and ZIP + 4	n above? See instr	uctions		Phone no. ►	7 Vaa		

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

#### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization Employer identification number

# **CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION, INC** 54 2037253 Organization type (check one): Filers of: Section: √ 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗹 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

Cat. No. 30613X

990-PF).

CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION, INC

Employer identification number 54 2037253

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DOROTHY JONES  252 BELLE RD  DILLWYN, VA 23936	\$ 5,000	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of o	organization		Employer identification number
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of o	organization		Employer identification number
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

**CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION, INC** 

Employer identification number 54 | 2037253

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	//
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	ll
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	l
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	l

Name of organization

Employer identification number

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	!
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION, INC

Employer identification number 54 | 2037253

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.								
	For organizations completing Part II contributions of \$1,000 or less for t								
(a) No. from Part I	(b) Purpose of gift	-	se of gift	(d) Description of how gift is held					
- Cart I	N/A								
		(e) Trans	sfer of gift						
	Transferee's name, address, and 2	ZIP + 4	Relatio	nship of transferor to transferee					
(a) Na									
(a) No. from Part I	(b) Purpose of gift	(c) Us	se of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
-	Transferee's name, address, and 2	ZIP + 4	Relatio	nship of transferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
-		(a) Tuan							
	(e) Transfer of gift								
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(a) Us	o of gift	(d) Description of how gift is held					
Part I	(b) Fullpose of glit	(c) 0	se of gift	(a) Description of now girt is neith					
-		(a) Tran	sfer of gift						
	Topo of control of the state of		_						
	Transferee's name, address, and Z	4 + 4	Relatio	nship of transferor to transferee					

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2009)			Page of of Part III					
Name of or	ganization			Employer identification number					
Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the			tion 501(c)(7), (8), or (10) organizations ugh (e) and the following line entry.					
	For organizations completing Part III, e contributions of <b>\$1,000 or less</b> for the								
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, and ZIP			nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and ZIP	+ 4	Relation	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held					
		(e) Transf	er of aift						
	Transferee's name, address, and ZIP		Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held					
		(e) Transf							
	Transferee's name, address, and ZIP	+ 4	Relation	nship of transferor to transferee					

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Note.** Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

#### **Purpose of Schedule**

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990-PF, Return of Private Foundation, line 1;
- Form 990, Return of Organization Exempt from Income Tax, Part VIII, Statement of Revenue, line 1; or
- Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, line 1.

#### Who Must File

Every organization must complete and attach Schedule B to their Form 990, 990-EZ, or 990-PF, unless it certifies that it does not meet the filing requirements of this schedule by answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2; on Form 990-EZ, line H; or on Form 990-PF, line 2. See the separate instructions for these lines on those forms.

If an organization is not required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### **Accounting Method**

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XI, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

#### **Public Inspection**

Schedule B is:

- Open to public inspection for an organization that files Form 990-PF,
- Open to public inspection for a section 527 political organization that files Form 990 or 990-EZ, or
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors are not required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it should not include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

### Contributors to be Listed on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

#### **Contributions**

Contributions reportable in Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions do not include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for a fuller discussion of what constitutes contributions.

#### **General Rule**

Unless the organization is covered by one of the *Special Rules* below, it must list in Part I every contributor who, during the year, gave the organization directly or indirectly, money, **securities**, or any other type of property aggregating \$5,000 or more for the organization's **tax year**. In determining the aggregate amount, separate and independent gifts of less than \$1,000 can be disregarded.

#### Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h or Form 990-EZ, line 1.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that were not for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under the *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year, and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization did not receive aggregate contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes, and consequently was not required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

# **Specific Instructions**

**Note.** You can duplicate Parts I through III if you need more copies. Number each page of each part.

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc.

Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify an "anonymous" donor if the organization has actual knowledge of such donor's identity. In column (c), enter the amount of aggregate contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "noncash" box for any contribution of property other than cash during the tax year, and complete Part II of this schedule.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that are not reported on Form 8872, Political Organization Report of Contributions and

Expenditures do not need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and zip code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the noncash contribution received by the organization during the tax year. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the instructions to Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property is not immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, if the donor has fully given up use and enjoyment of the property at that time.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc. purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, total gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

#### SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization **Employer identification number CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION, INC** 54 2037253 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.) 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 4 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 5 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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 33/3 % 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). 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. a ☐ Type I **b** Type II **c** Type III–Functionally integrated **d** Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . . 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). h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) U.S.? support? Yes Yes Yes Nο No Nο

Total

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,011	34,106	63,303	41,258	29,190	189,868
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	22,011	34,106	63,303	41,258	29,190	189,868
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						5.000
_	shown on line 11, column (f)						5,000
6	Public support. Subtract line 5 from line 4.						184,868
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 000E	<b>(b)</b> 2006	(a) 0007	(4) 0000	(e) 2009	(f) Total
		(a) 2005		(c) 2007	(d) 2008 41,258	` ,	.,
7	Amounts from line 4	22,011	34,106	63,303	41,230	29,190	189,868
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	418	1,392	1,402	3,890	2,206	9,308
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						199,176
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		•		on 501(c)(3)
Sec	tion C. Computation of Public Su	•					
14	Public support percentage for 2009 (line		-	I, column (f))		14	93 %
15	Public support percentage from 2008 Sch					15	89 %
	33\% support test—2009. If the organizand stop here. The organization qualifies	as a publicly s	supported organ	nization			
b	33\% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	<b>10%-facts-and-circumstances test—20</b> more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box	and <b>stop here.</b>	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance" Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, corganization qua	heck this box a difies as a public	and <b>stop here</b> . cly supported or	Explain in Part ganization	IV how the ▶ □
. •	The second of th		5 10, 100	, ,	,		

# 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.)

<u> </u>	tion A Dublic Support	tu tile box o	II IIIIe a OI Fa	ait i. <i>)</i>			
	etion A. Public Support	( <del>-</del> ) 0005	(h) 0000	(-) 0007	(4) 0000	(-) 0000	(f) Total
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b  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.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	%
16	Public support percentage from 2008 S					16	%_
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 %						
18		vestment income percentage from 2008 Schedule A, Part III, line 17					
19a 331/3 % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3							
b	17 is not more than 33\% %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization \(\bigstyle{\bigstyle{\pi}} \) 33\% % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 33\% %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization \(\bigstyle{\pi}\)						
20	Private foundation. If the organization						

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions	0;
NONE		

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# **Supplemental Information to Form 990**

OMB No. 1545-0047

**Employer identification number** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION, INC	54	2037253
FORM 990-EZ, PART I, LINE 16 (OTHER EXPENSES): TOTAL \$ 3,383		
ALUMNI COMMITTEE BASKETBALL CLININC: \$ 700		
AWARDS DINNER FOR SCHOLARSHIP WINNERS: \$ 283		
SOFTWARE SUBSCRIPTION: \$ 1,345		
FEES (BANK AND GOVT): \$ 35		
FUND RAISING EXPENSES: \$ 921		
COLLEGE NIGHT: \$ 99		
FORM 990-EZ, PART V, LINE 34 (BY LAWS CHANGE): Section 3. Terms of Office for Di	rectors	
However, after one year, a former director is eligible to serve on the Board. Officers are	e eligible fo	r re-election as
Directors at the end of their term and are not required to leave the Board for one year. (	added 04/21/	10).

Schedule O (Form 990) 2009 Page **2** 

Name of the organization	Employer identification number
CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION	I, INC 54 2037253
FORM 990-EZ, PART I, LINE 10: (SCHOLARSHIPS AWARDI	ED)
MISTY STANTON VCU \$ 1,000	
JULE RICH NC STATE \$ 1,500	
COURTNEY REED W&M \$ 500	
RAYMOND LEWIS JMU \$ 1,000	
SARAH ROBINSON CATAWBA \$ 1,000	
BROOKE MORGAN LONGWOOD \$ 1,000	
ALLIE ROBINSON UVA-WISE \$ 1,000	
WILLIAM SEAY SVCC \$ 1,500	
CODY ARBAUGH SHENANDOAH \$ 2,050	
CASSIE WHITE BRIDGEWATER \$ 500	
NATALIE SEAL JMU \$ 1,500	
CASEY ARBAUGH JMU \$ 1,500	
KIARRA FLEMING UNDECIDED \$ 1,000	
NELLIE PRYOR LONGWOOD \$ 1,000	
LINDSY BARNETTE JTCC \$ 1,000	
REBECCA NEWMAN JMU \$1,000	
ANITA SCALES NORFOLK STATE \$ 1,500	
STEPHANIE WILKERSON CVCC \$1,500	
GERARD COSBY HOWARD UNIV \$1,000	

Schedule O (Form 990) 2009 Page 3

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990.

#### Who Must File

All organizations that file Form 990 must file Schedule O (Form 990). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11A and 19. If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

# Specific Instructions

Use as many continuation sheets of Schedule O (Form 990) as needed.

Complete the required information on the appropriate line of Form 990 or its schedules prior to using Schedule O (Form 990).

Identify clearly the specific part and line(s) of Form 990 or its schedule(s) to which each response relates. Follow the part and line sequence of Form 990 or the part and line sequence of its schedule(s).

Late return. If the return is not filed by the due date (including any extension granted), use a separate attachment to provide a statement giving the reasons for not filing on time. Do not use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, line B, use Schedule O (Form 990) to list each part or schedule and line item of the Form 990 that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. Do not use this schedule. See the instructions for Form 990. I. Group Return.

Parts III, V, VI, VII, and XI. Use Schedule O (Form 990) to provide any narrative information required for the following questions.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. "No" response to Part V, Statements Regarding Other IRS Filings and Tax Compliance, line 3b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights in line 1a.
- b. "Yes" responses to lines 2 through 7b.
- c. "No" responses to lines 8a, 8b, and 10b.
  - d. "Yes" response to line 9.
- e. Description of process for review of Form 990, if any, in response to line 11A.
  - f. "Yes" response to line 12c.
- g. Description of process for determining compensation on lines 15a and 15b.
- h. If applicable, in response to line 18, an explanation as to why the organization did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- i. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Estimate of average hours per week, if any, devoted to related organizations for which compensation was reported in columns (E) or (F).
- b. Description of reasonable efforts undertaken in regard to column (E).

- 5. Part XI, Financial Statements and Reportina.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Schedule E (Form 990 or 990-EZ), If applicable, use Schedule O (Form 990) to explain a "Yes" response to lines 6a or 6b or a "No" response to line 7. If additional space is needed, use Schedule O (Form 990) to explain a "No" response to line 3, 4a, 4b, 4c, or 4d, and a "Yes" response to line 5a, 5b, 5c, 5d, 5e, 5f, 5g, or 5h.

Schedule G (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to describe the custody or control arrangement and payments of fundraising expenses or reimbursements as required in Part 1, line 2b, columns (iii) and (v), respectively.

Schedule K (Form 990). If applicable, use Schedule O (Form 990) to describe the organization's use of alternative 12-month reporting periods with respect to bond issues reported on Schedule K (Form 990).

Schedule L (Form 990 or 990-EZ). Use Schedule O (Form 990) if additional space is needed to report information required by Schedule L (Form 990 or 990-EZ).

Schedule R (Form 990). If applicable, use Schedule O (Form 990) to provide the group exemption relationships described on Schedule R (Form 990), and to describe the method used to determine the amount(s) reported on Schedule R (Form 990), Part V, line 2. Other. Use Schedule O (Form 990) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990) any social security CAUTION number(s), because this

schedule will be made available for public inspection.