

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20 10

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

C Name of organization Furniture Bank of Central Ohio
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
118 South Yale Avenue
 City or town, state or country, and ZIP + 4
Columbus, Ohio 43222-1369

D Employer identification number
31 : 1600869

E Telephone number
 (614) 272-9544

G Gross receipts \$ 3,221,151

F Name and address of principal officer: James C. Stein, President
118 South Yale Avenue, Columbus, Ohio 43222-1369

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.furniturebankcoh.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1998 **M** State of legal domicile: OH

Part I Summary

| | | | | |
|-----------------------------|--|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>Our mission at the Furniture Bank is to serve the community by providing a free furniture bank to families and individuals in need. This includes collection of furniture, mattresses, appliances, and other household items from donors, servicing of clients as referred to us by social service agencies, and delivery of client's furniture, mattresses, etc to their home.</u> | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 19 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 19 | |
| | 5 | Total number of employees (Part V, line 2a) | 13 | |
| | 6 | Total number of volunteers (estimate if necessary) | 1,000 | |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 0 | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 2,796,694 | 2,965,891 |
| | 9 | Program service revenue (Part VIII, line 2g) | 344,865 | 406,388 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,914 | 4,795 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | (39,777) | (41,041) |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,104,696 | 3,336,033 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,916,432 | 1,893,985 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 688,776 | 744,571 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 15,184 | 10,368 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>116,636</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 467,996 | 502,706 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,088,388 | 3,151,630 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 16,308 | 184,403 | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 1,702,246 | 1,847,206 |
| | 21 | Total liabilities (Part X, line 26) | 461,900 | 422,464 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,240,346 | 1,424,742 |

Part II Signature Block

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

Sign Here ▶ James C. Stein | 12-09-2010
 Signature of officer Date
 ▶ James C. Stein, President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no. ▶ () _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|--|------------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | 4 | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | 5 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | 11 | |
| | <ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | 12 | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> | 12A | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | 14b | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> | 15 | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | 16 | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | 19 | |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | 20 | |

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|------------|---|------------|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | 21 | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | 22 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> | 24a | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | 25a | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> | 25b | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | 26 | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> | 27 | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | 28a | |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | 28b | |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | 28c | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | 29 | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | 30 | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | 31 | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | 32 | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | 33 | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | 34 | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | 35 | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | 36 | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | 37 | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | |
| 4b | 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. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9a | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | |
| 6 | Does the organization have members or stockholders? | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | | |
| 8b | b Each committee with authority to act on behalf of the governing body? | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | |
| 10b | b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | |
| 12b | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | |
| 13 | Does the organization have a written whistleblower policy? | | |
| 14 | Does the organization have a written document retention and destruction policy? | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | | |
| 15b | b Other officers or key employees of the organization | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | |
| 16b | b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

| Part VIII Statement of Revenue | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|--|--|----------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions). | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) ▶ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) ▶ | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a | | | | | | |
| | | b Less: direct expenses b | | | | | |
| | | c Net income or (loss) from fundraising events . . ▶ | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 a | | | | | | |
| b Less: direct expenses. b | | | | | | | |
| c Net income or (loss) from gaming activities . . ▶ | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | | |
| | b Less: cost of goods sold b | | | | | | |
| | c Net income or (loss) from sales of inventory . . ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | | |
| 12 Total revenue. See instructions. ▶ | | | | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | | | | |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year | |
|---|--|--------------------------|--------------------|------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | 10c |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 26 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | | 33 | | |
| 34 Total liabilities and net assets/fund balances | | 34 | | |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| <p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> | | |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> | | |
| <p>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> | | |
| <p>d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | | |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | | |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p> | | |

Furniture Bank of Central Ohio

2009 Form 990 (June 30, 2010)

**Schedule B
Parts I & II - Schedule of Cash & NonCash Contributors**

| Donor Name | Address | City | ST | Zip | Donation Date | Cash Donations | NonCash Est. Value | TOTAL Donations | Type of Contribution | Description of NonCash Donations |
|--|-------------------------------------|-----------------|----|------------|---------------|------------------|--------------------|------------------|----------------------|----------------------------------|
| 1 Armstrong Foundation | PO Box 3001 | Lancaster | PA | 17604-3001 | 05/07/2010 | \$5,000 | | \$5,000 | cash | |
| 2 Bonner Family Foundation | 1175 College Avenue | Columbus | OH | 43209 | 12/21/2009 | \$5,000 | | \$5,000 | cash | |
| 3 Butler Home Products | 19777 N. 76th Street #1291 | Scottsdale | AZ | 85255 | 03/11/2010 | \$6,000 | | \$6,000 | cash | |
| 4 Cinti Bell Technology Solutions Inc. | 4600 Montgomery Rd., Suite 400 | Cincinnati | OH | 45212 | 04/07/2010 | \$6,000 | | \$6,000 | cash | |
| 5 CokeM International Ltd. | 3880 4th Avenue, East | Shakopee | MN | 55739 | 04/27/2010 | \$6,000 | | \$6,000 | cash | |
| 6 Columbia Gas of Ohio | 200 Civic Center Drive | Columbus | OH | 43215 | 03/04/2010 | \$7,500 | | \$7,500 | cash | |
| 7 Columbus Foundation | 1234 E. Broad Street | Columbus | OH | 43205 | 02/03/2010 | \$13,183 | | \$13,183 | cash | |
| 8 Community Shares of Mid Ohio | 3709 North High Street | Columbus | OH | 43214 | 05/03/2010 | \$8,847 | | \$8,847 | cash | |
| 9 Cooper, Joe R. | 5060 Augusta Drive | Westerville | OH | 43082 | 04/06/2010 | \$13,500 | | \$13,500 | cash | |
| 10 Encore Gourmet Food Corp | 22000 Transcanda Hwy | Bale d'Urfe | CN | QUEBEC | 09/04/2010 | \$12,000 | | \$12,000 | cash | |
| 11 Harry C. Moores Foundation | 100 S. Third St. | Columbus | OH | 43215 | 09/16/2009 | \$15,000 | | \$15,000 | cash | |
| 12 Huntington Foundation | 41 S. High Street (HC1243) | Columbus | OH | 43287 | 04/01/2010 | \$7,500 | | \$7,500 | cash | |
| 13 Ingram - White Castle Foundation | 1234 E. Broad St. | Columbus | OH | 43205 | 06/10/2010 | \$15,000 | | \$15,000 | cash | |
| 14 KPMG LLP | 191 W. Nationwide Blvd. - Suite 500 | Columbus | OH | 43215 | 03/15/2010 | \$9,000 | | \$9,000 | cash | |
| 15 Limited Brands Foundation | Three Limited Parkway | Columbus | OH | 43230 | 01/20/2010 | \$27,100 | | \$27,100 | cash | |
| 16 Loretta Lee Limited | 18 Bergamo | Laguna Niguel | CA | 92677 | 04/07/2010 | \$6,000 | | \$6,000 | cash | |
| 17 Midwest Textile & Home Products Association | 7866 Grandley Court | Reynoldsburg | OH | 43068 | 03/24/2010 | \$6,000 | | \$6,000 | cash | |
| 18 Nationwide Foundation | One Nationwide Plaza, 1-20-301 | Columbus | OH | 43215-2220 | 04/02/2010 | \$20,500 | | \$20,500 | cash | |
| 19 Paul G. Duke Foundation | 1234 E. Broad St. | Columbus | OH | 43205 | 11/13/2009 | \$7,500 | | \$7,500 | cash | |
| 20 Poff, Jared A. | 8353 Adams Lane | Hilliard | OH | 43026-7564 | 04/16/2010 | \$13,600 | | \$13,600 | cash | |
| 21 Serta Mattress Company | 2600 Forbs Avenue | Hoffman Estates | IL | 60192 | 03/24/2010 | \$12,000 | | \$12,000 | cash | |
| 22 Sharp, Brad | 5547 Forest Knoll Court | Dublin | OH | 43017 | 12/31/2009 | \$10,000 | | \$10,000 | cash | |
| 23 Solid Waste Authority of Central Ohio | 4239 London Groveport Road | Grove City | OH | 43123 | 03/03/2010 | \$14,110 | | \$14,110 | cash | |
| 24 Sterilite Corporation | PO Box 8001, 30 Scales Lane | Townsend | MA | 01469-0524 | 04/01/2010 | \$6,000 | | \$6,000 | cash | |
| 25 Teradata | 604 Brook Run Drive | Westerville | OH | 43081 | 04/22/2010 | \$6,000 | | \$6,000 | cash | |
| 26 Unilever Ice Cream | 909 Packerland Drive - PO Box 19007 | Green Bay | WI | 54307 | 07/23/2009 | \$6,000 | | \$6,000 | cash | |
| 27 United Furniture Industries, Inc. | PO Box 308 | Okolona | MS | 38860 | 03/22/2010 | \$12,000 | | \$12,000 | cash | |
| 28 Unyson Logistics | 3050 Highland Parkway, Suite 100 | Downers Grove | IL | 60515 | 04/01/2010 | \$25,000 | | \$25,000 | cash | |
| 29 Big Lots | 300 Phillipi Rd. | Columbus | OH | 43228-5311 | 05/04/2010 | \$63,401 | \$22,300 | \$85,701 | cash & non-cash | Furniture and household items |
| 31 Ameriwood Industries | 410 E South First Street | Wright City | MO | 63390 | 05/13/2010 | \$10,000 | \$10,000 | \$20,000 | cash & non-cash | Furniture and household items |
| 32 American Signatures/Value City | 3080 Alum Creek Drive | Columbus | OH | 43207 | 11/23/2009 | \$7,315 | \$7,315 | \$14,630 | non-cash | Furniture and household items |
| 33 Blackwell Hotel | 2110 Tuttle Park Place | Columbus | OH | 43210 | 06/02/2010 | \$9,050 | \$9,050 | \$18,100 | non-cash | Furniture and household items |
| 34 Courtyard by Marriot -Easton | 3900 Morse Crossing | Columbus | OH | 43219 | 06/14/2010 | \$5,925 | \$5,925 | \$11,850 | non-cash | Furniture and household items |
| 35 Enclave at Albany Park | 4955 Enclave Blvd | Westerville | OH | 43081 | 01/22/2010 | \$6,385 | \$6,385 | \$12,770 | non-cash | Furniture and household items |
| 36 Grandview Mercantile Co. | 881 North High Street | Columbus | OH | 43215 | 11/05/2010 | \$6,790 | \$6,790 | \$13,580 | non-cash | Furniture and household items |
| 37 Hampton Inn | 501 North High Street | Columbus | OH | 43215 | 07/08/2009 | \$16,120 | \$16,120 | \$32,240 | non-cash | Furniture and household items |
| 38 Holiday Inn - Indiana City Center | 515 South Street | Lafayette | IN | 47901 | 12/13/2009 | \$12,880 | \$12,880 | \$25,760 | non-cash | Furniture and household items |
| 39 Holiday Inn Express | 1861 Riverway Drive | Lancaster | OH | 43130 | 10/15/2009 | \$13,690 | \$13,690 | \$27,380 | non-cash | Furniture and household items |
| 40 Holiday Inn Express - Marion | 1842 Marion Mount Gilean Road | Marion | OH | 43302 | 07/26/2010 | \$6,065 | \$6,065 | \$12,130 | non-cash | Furniture and household items |
| 41 Hyatt Regency Cincinnati | 151 West Fifth Street | Cincinnati | OH | 43202 | 06/15/2010 | \$11,675 | \$11,675 | \$23,350 | non-cash | Furniture and household items |
| 42 Kenyon College | 103 College Drive | Gambier | OH | 43022 | 06/25/2010 | \$19,630 | \$19,630 | \$39,260 | non-cash | Furniture and household items |
| 43 La Quinta Inns & Suites | 6145 Parkcenter Circle | Dublin | OH | 43017 | 02/22/2010 | \$8,710 | \$8,710 | \$17,420 | non-cash | Furniture and household items |
| 44 LA-Z-BOY | | | | | 05/06/2010 | \$80,980 | \$80,980 | \$161,960 | non-cash | Furniture and household items |
| 45 Miami University | 501 East High Street | Oxford | OH | 45056 | 05/24/2010 | \$57,455 | \$57,455 | \$114,910 | non-cash | Furniture and household items |
| 46 Ohio Mattress Recovery & Recycling | 38209 Wilson Avenue | Willoughby | OH | 44094 | 07/22/2009 | \$5,110 | \$5,110 | \$10,220 | non-cash | Furniture and household items |
| 47 Ohio State University | 710 Lincoln Tower, 1800 Canon Drive | Columbus | OH | 43210 | 06/12/2009 | \$13,620 | \$13,620 | \$27,240 | non-cash | Furniture and household items |
| 48 Ohio University | 120 South Shafer Street | Athens | OH | 45701 | 07/27/2009 | \$9,810 | \$9,810 | \$19,620 | non-cash | Furniture and household items |
| 49 Otterbein College | One Otterbein College | Westerville | OH | 43081 | 08/26/2009 | \$8,205 | \$8,205 | \$16,410 | non-cash | Furniture and household items |
| 50 Planes Moving & Storage | 2000 Dividend Drive | Columbus | OH | 43228 | 04/12/2010 | \$5,815 | \$5,815 | \$11,630 | non-cash | Furniture and household items |
| 51 Primo International | 315 Phillipi Road | Columbus | OH | 43228 | 05/04/2010 | \$5,520 | \$5,520 | \$11,040 | non-cash | Furniture and household items |
| 52 Prologis | 3765 Interchange Drive | Columbus | OH | 43228 | 06/30/2010 | \$105,059 | \$105,059 | \$210,118 | non-cash | Warehouse Space |
| 53 Red Roof Inn Nationwide Arena - Columbus | 111 East Nationwide Blvd | Columbus | OH | 43215 | 05/25/2010 | \$8,655 | \$8,655 | \$17,310 | non-cash | Furniture and household items |
| 54 Sauder Woodworking | 502 Middle Street | Archbold | OH | 43502 | 05/28/2010 | \$12,160 | \$12,160 | \$24,320 | non-cash | Furniture and household items |
| 55 Stryker Medical/Premier Office Movers | 3800 East Centre Avenue | Portage | MI | 49002 | 07/24/2009 | \$6,050 | \$6,050 | \$12,100 | non-cash | Furniture and household items |
| 56 University of Dayton | 300 College Park Drive | Dayton | OH | 45469 | 08/11/2009 | \$6,100 | \$6,100 | \$12,200 | non-cash | Furniture and household items |
| 57 Varsity Inn | 1445 Olenatngy River Road | Columbus | OH | 43212 | 06/03/2010 | \$6,730 | \$6,730 | \$13,460 | non-cash | Furniture and household items |
| 58 Wright Patterson Air Force Base | | Dayton | OH | | 02/02/2010 | \$7,680 | \$7,680 | \$15,360 | non-cash | Furniture and household items |
| 59 Wright State University | 3640 Colonial Glenn Highway | Dayton | OH | 45435 | 08/26/2010 | \$40,980 | \$40,980 | \$81,960 | non-cash | Furniture and household items |
| Grand Total | | | | | | \$374,741 | \$536,464 | \$911,205 | | |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (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 33 $\frac{1}{3}$ % 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 II.

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 during the year ▶ \$

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 990-PF).

| | |
|-----------------------------|---|
| Name of organization | Employer identification number : : |
|-----------------------------|---|

Part I **Contributors** (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|---|
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$..... | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶%
 - b** Permanent endowment ▶%
 - c** Term endowment ▶%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|-----------|--|-----------|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|--|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | () |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|--|--|--|--|--|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | () | |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | | |

| | Yes | No |
|---|------------|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If "No," explain: _____ _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If "Yes," explain: _____ _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | | Yes | No |
|---|---|------------|----|
| 13 Indicate the percentage of gaming activity operated in: | a The organization's facility | 13a | % |
| | b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | Name ▶ | | |
| | Address ▶ | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| c If "Yes," enter name and address of the third party: | | | |
| | Name ▶ | | |
| | Address ▶ | | |
| 16 Gaming manager information: | | | |
| | Name ▶ | | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 Mandatory distributions: | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | | | |

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

Employer identification number

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (.....) | | | | |
| 26 Other ▶ (.....) | | | | |
| 27 Other ▶ (.....) | | | | |
| 28 Other ▶ (.....) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

| | | |
|----|--|--|
| 29 | | |
|----|--|--|

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

Area with horizontal dashed lines for supplemental information.