

**Short Form
Return of Organization Exempt From Income Tax**

2008

Department of the Treasury
Internal Revenue Service

**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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 7/01, **2008, and ending** 6/30, **2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. DYSART COMMUNITY CENTER P O BOX 716 EL MIRAGE, AZ 85335	D Employer identification number 86-6031134
		E Telephone number 623-583-0016
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ N/A

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **251,415.**

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

1 Contributions, gifts, grants, and similar amounts received	1	210,841.
2 Program service revenue including government fees and contracts	2	32,584.
3 Membership dues and assessments	3	
4 Investment income	4	-6,802.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶ See Statement 1)	8	14,792.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	251,415.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	161,837.
13 Professional fees and other payments to independent contractors	13	10,174.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	448.
16 Other expenses (describe ▶ See Statement 2)	16	101,657.
17 Total expenses (add lines 10 through 16)	17	274,116.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-22,701.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	496,031.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year (Combine lines 18 through 20)	21	473,330.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		52,998.	44,685.
23 Land and buildings		432,788.	418,388.
24 Other assets (describe ▶ See Statement 3)		17,418.	20,818.
25 Total assets		503,204.	483,891.
26 Total liabilities (describe ▶ See Statement 4)		7,173.	10,561.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		496,031.	473,330.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? See Statement 5		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	ADULT EDUCATION - CLASSES FOR ADULTS IN ENGLISH LITERACY, GED & U S CITIZENSHIP CLASSES RUN WEEKLY IN FALL & SPRING MONTHS. TEACHERS ARE ALL VOLUNTEERS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,786.
29	PROGRAMS CRAFTS, PROJECTS, FAIRS, FIELD TRIPS & 4H ACTIVITIES. PROMOTING SOCIAL RECREATION PROGRAMS FOR TEENS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	207,318.
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	242,104.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
TONY REDMOND 12734 W SANTA FE LANE EL MIRAGE, AZ 85335	Vice President 0	0.	0.	0.
CAROL MOREN 23042 N 88TH DRIVE PEORIA, AZ 85383	Secretary 0	0.	0.	0.
PETER FOLCH 12819 W SEVILLE DRIVE SUN CITY WEST, AZ 85375	Director 0	0.	0.	0.
GLENNA GILLASPY 16501 N EL MIRAGE ROAD #888 SURPRISE, AZ 85374	Director 0	0.	0.	0.
LOUISE KELLAM 13619 SPRINGDALE DRIVE SUN CITY WEST, AZ 85375	Director 0	0.	0.	0.
HERMINIA LOPEZ 7144 W CHOLLA PEORIA, AZ 85345	Director 0	0.	0.	0.
GERI MELTON 14321 N 129TH DRIVE EL MIRAGE, AZ 85335	Director 0	0.	0.	0.
STEVEN TAYLOR 12726 W SANTA FE LANE EL MIRAGE, AZ 85335	Treasurer 0	0.	0.	0.
BARBARA WALLS 15836 N 111TH AVENUE SUN CITY, AZ 85351	Director 0	0.	0.	0.
PENNY WILLIAMS 14604 W BLACKWOOD DRIVE SUN CITY WEST, AZ 85375	Director 0	0.	0.	0.
TOM CAMPANELLA 7701 W ST JOHN RD # 2099 GLENDALE, AZ 85308	Executive Direc 40.00	44,307.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction 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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
	▶ 38b N/A		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
	▶ 0.		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ DYSART COMMUNITY CENTER Telephone no ▶ 623-583-0016
 Located at ▶ 14414 EL MIRAGE RD, EL MIRAGE, AZ ZIP + 4 ▶ 85335-0716

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	c 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 ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 6

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 ▶		

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

Signature of officer: Donald L. Sebo Date: 01/18/10
 Type or print name and title: Donald L. Sebo / Executive Director

Paid Preparer's Use Only

Preparer's signature: Regine Patterson Date: 02/08/09 Check if self employed: Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self employed), address, and ZIP + 4: Patterson Accounting, Inc
13576 Camino Del Sol, Suite 24
Sun City West, AZ 85375-4427
 EIN: N/A Phone no: (623) 584-5622

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization DYSART COMMUNITY CENTER	Employer identification number 86-6031134
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?
 - (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?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Client 1004E

DYSART COMMUNITY CENTER

86-6031134

2/06/10

05 02PM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

RENTAL OF ROOMS

	\$	14,792.
Total	\$	<u>14,792.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion
 B LG & GROUND MAINTENANCE
 BANK CHARGES
 CUSTODIAL SUPPLIES
 CYD & ABE PROGRAM
 Depreciation
 EQUIPMENT RENTAL
 FUEL
 Insurance
 Interest
 Office Expenses
 TELEPHONE COMMUNICATIONS
 UTILITIES TRASH
 WATER & SEWER

	\$	519.
		9,102.
		991.
		1,218.
		9,955.
		17,822.
		1,399.
		222.
		16,405.
		756.
		2,664.
		8,998.
		28,775.
		2,831.
Total	\$	<u>101,657.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

Automobiles
 Furniture and Fixtures

	<u>Beginning</u>	<u>Ending</u>
Automobiles	\$ 7,430.	\$ 7,430.
Furniture and Fixtures	9,988.	13,388.
Total	\$ <u>17,418.</u>	\$ <u>20,818.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

FICA FUTA TAXES

	<u>Beginning</u>	<u>Ending</u>
FICA FUTA TAXES	\$ 7,173.	\$ 7,684.
	0.	2,877.
Total	\$ <u>7,173.</u>	\$ <u>10,561.</u>

2/06/10

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**Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose**

ADULT EDUCATION-CLASSES FOR ADULTS IN ENGLISH LITERACY, GED& US CITIZENSHIP.
CLASSES RUN IN THE FALL & SPRING. ALL TEACHERS ARE VOLUNTEERS

**Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Client 1004E

DYSART COMMUNITY CENTER

86-6031134

2/06/10

05 02PM

Contributions, Gifts, and Grants
Membership dues and assessments

CYD PROGRAM FEES	\$	5,223.
ABE PROGRAM FEES		2,500.
MISC		104.
Total	\$	<u>7,827.</u>

Contributions, Gifts, and Grants
Other contributions, gifts, grants, etc.

UNITED WAY	\$	106,400.
CONTRIBUTIONS CITY OF EL MIRAGE		67,658.
UNITED WAY DONOR DEISNATED		5,110.
INDIVIDUALS		846.
J C PENNEY		23,000.
Total	\$	<u>203,014.</u>

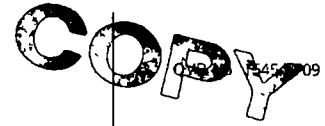
Officers, Directors, Trustees Compen.
Base compensation

NONE	\$	0.
Total	\$	<u>0.</u>

Balance Sheet
Savings and temporary cash investments

US EQUITY	\$	10,308.
BONDS		8,801.
Total	\$	<u>19,109.</u>

Application for Extension of Time To File an Exempt Organization Return



Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization DYSART COMMUNITY CENTER	Employer identification number 86-6031134
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions. P O BOX 716	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EL MIRAGE, AZ 85335	

Check type of return to be filed (file a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ DYSART COMMUNITY CENTER

Telephone No ▶ 623-583-0016 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2008)