Form 990-EZ

# 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)

OMB No. 1545-1150 2009

Open to Public Inspection

Department of the Treasury

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.

09/29/09 , and ending For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable: Plagea C Name of organization use IRS Address change lahel or 27-3511264 THOMAS RICHARDS CHARITY Name change print or X E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return tvne. See 248-917-2167 P.O. BOX 82114 Termination Specific City or town, state or country, and ZIP ± 4 Group Exemption Amended return Instruc-MI 48308 Number ROCHESTER Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ X if the organization is not Website: > www.trcares.com required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 3 ) ◀ (insert no.) 4947(a)(1) or 527 X 501(c) ( Tax-exempt status (check only one) --if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 35,201 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 4,979 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ \_\_\_\_\_ of contributions 30,222 reported on line 1) 6b 16,958 Less: direct expenses other than fundraising expenses b 13,264 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .... 6c Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 8 Other revenue (describe 18,243 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits \_\_\_\_\_\_ 12 4,918 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 32 Printing, publications, postage, and shipping 15 15 903 Other expenses (describe See Statement 1 16 16 -) 5,853 17 17 Total expenses. Add lines 10 through 16 12,390 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 20 12,390 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (A) Beginning of year (B) End of year (See the instructions for Part II.) 13,495 22 Cash, savings, and investments 22 23 Land and buildings 24 Other assets (describe 0 13,495 25 1,105 0 Total liabilities (describe ▶ See Statement 2 26 0 27 12,390 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

ાદ્ય	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	. 34		X
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.		<b> </b>	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?		-	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	ļ		
	during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instr.	. 36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
b	Did the organization file Form 1120-POL for this year?	37b	**********	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X	100000000000000000000000000000000000000
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 1,10	)5		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or 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	İ		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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	_ 🔛		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.   None			
42a	The organization's books are in care of ▶ ERIC WEEKS Telephone no. ▶			
	291 ANTOINETTE DR			
	Located at ▶ ROCHESTER HILLS, MI ZIP+4 ▶ 4	8307		
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		Yes	No
	account)?	42b		X
	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.?	42c	1	X
	If "Yes," enter the name of the foreign country:	٠. بــــــ		
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.03	1,10
• •	Farm 000 F7	44	::::::::::::::::::::::::::::::::::::::	X
45.	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	🚟		<u> </u>
. •	"Yes," Form 990 must be completed instead of Form 990-EZ	45	xx <b>4</b> 222000	X
	,		-	<b>Z</b> (2009)

Part VI		Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All sec 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions and complete the tables for lines 50 and 51.								
46	Did the o	rganization engage in direct or indirect political campaign activities on be	shalf of or in opposi	ition to		· · · · · · · · · · · · · · · · · · ·	es No			
40					!	46	X			
candidates for public office? If "Yes," complete Schedule C, Part I  47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II										
48										
49a						48 49a	$\frac{x}{x}$			
b										
50		e this table for the organization's five highest compensated employees (o					,			
		es) who each received more than \$100,000 of compensation from the or			•					
		(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 & deferred compensation	accou	xpense unt and llowances			
None										
. <b></b>	• • • • • • • • • • • • • • • • • • • •									
f 51		mber of other employees paid over \$100,000  this table for the organization's five highest compensated independent	contractors who ea	ach received more	- than					
		of compensation from the organization. If there is none, enter "None."								
	(a) N	larne and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensa	tion			
					·					
							<u> </u>			
				<del> </del>						
· · · · ·					ļ					
d	l otal nui	mber of other independent contractors each receiving over \$100,000	····· • —							
Sig		Under penalties of perjury, I declare that I have examined this return, including ac and belief, it is true, correct, and complete. Declaration of preparer (other than of		nformation of which pr						
Her	е	Signature of officer ERIC WEEKS	TRE	ASURER						
		Type or print name and title.	Date	Check if	Preparer's idea	ntifyina Num	ber (See instr.)			
Pai	d	Preparer's		self-						
	u parer's	signature NOVII I D. NAVIII I E. D.C.	11/1	1/10 employed						
	Only	Firm's name (or yours MUELLER MAYVILLE, PC	מים זוים			00-36	29326			
Jac	Ciny	if self-employed), address, and ZIP + 4 TROY, MI 48083	TT T/2		Phone 249	2_711	0700			
Mar	the IDS d	address, and ZIP + 4 TROY, MI 48083  Iliscuss this return with the preparer shown above? See instructions				X Ye				
ividly	ule 11/2 (	necession return with the bighater shown above. See historicions		· · · · · · · · · · · · · · · · · · ·			)-EZ (2009)			
					F	om 990	J-E& (2009)			

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THOMAS RICHARDS CHARITY

Employer identification number

27-3511264 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 1 2 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 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (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? Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (iii) Type of organization (i) Name of supported in col. (i) listed in your the organization in organization in col support organization (described on lines 1-9 col. (i) of your (i) organized in the governing document? above or IRC section support? US? (see instructions)) Yes Yes No Yes Total

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-FZ) 2009 THOMAS RICHARDS CHARITY 27-3511264 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... Net income from unrelated business activities, whether or not the business is regularly carried on ..... 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Section A. Public Support

Schedule A (Form 990 or 990-EZ) 2009 THOMAS RICHARDS CHARITY

Part III Support Schedule for Organizations Described in Section Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include					4 272	4 070
2	any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					30,222	4,979 30,222
3	Gross receipts from activities that are not an unrelated trade or business under section 513		·		-	, , , , ,	30,722
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			-	2 2 3		
6	Total. Add lines 1 through 5					35,201	35,201
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line.7c from line 6.)						
Sec	tion B. Total Support		l				35,201
	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(4) 2000	(6) 2000	(0, 2007	(d) 2000	35,201	35,201
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					33,404	33,202
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		:				
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	مبر
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.)		,			35,201	35,201
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)		
	organization, check this box and stop here						<u></u> ▶ L
	tion C. Computation of Public Su				<del></del>		
15	Public support percentage for 2009 (line 8,						100.00%
16	Public support percentage from 2008 Sche					16	%
	tion D. Computation of Investme						
17 40	Investment income percentage for 2009 (li		1.647			أمدا	<u>%</u>
18	Investment income percentage from 2008						%
19a	33 1/3 % support tests—2009. If the orga						<b>▶</b> 🔀
b	33 1/3 % support tests-2008. If the orga	nization did not che	eck a box on line 1	4 or line 19a, and l	ine 16 is more than	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check the	nis box and <b>stop h</b> e	ere. The organization	on qualifies as a pu	ublicly supported or	ganization	▶ □
20	Private foundation. If the organization did						▶

Schedule A (Fo	orm 990 or 990-EZ) 2009	THOMAS	RICHARDS	CHARITY	27-3511264	Page 4
Part IV	Supplemental Info	rmation. Co	omplete this pa	art to provide	the explanations required by Part II, line 10;	
	Part II, line 17a or	17b; and Pa	art III <u>, line 12. F</u>	Provide any o	ther additional information. See instructions	
					*	
			•••••		, 	
					•••••••••••••••••••••••••••••••••••••••	
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### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities

Open To Public

OMB No. 1545-0047

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Internal Revenue Service Name of the organization Employer identification number THOMAS RICHARDS CHARITY 27-3511264 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col. (i) contributions' Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from 3 registration or licensing.

Page 2

Colin Colin (sevent type)   Colin counts   Colin colin (sevent type)   Colin colin (	P	art I		vents. Complete if the organ ,000 on Form 990-EZ, line 6							
Topic   Continue   C				(a) Event#1							
1 Gross receipts   30,222   30,222   30,222	/enue				(event type)		1 ' ' '				
2 Less Charitable contributions 3 Gross revenue (ine 1 mirus line 2) 30,222 30,222 30,222 4 Cash prizes 242 242 242 242 242 242 242 242 242 24				(orant type)	(Ovalit typo)	(com nambor)	(-)/				
contributions 3 Gross revenue (the 1 rayous tine 2) 3 Gross revenue (the 1 rayous tine 2) 4 Cash prizes 242 242 30,222  4 Cash prizes 242 242 242 243 244 245 30,222  5 Nonceath prizes 5 Nonceath prizes 8 Emertainment 9 Other direct expenses 8 Emertainment 9 Other direct expenses 11,1139 11,139 1	Reve			30,222			30,222				
3 Gross revenue (file 1 minus fine 2) 30,222 30,222  4 Cash prizes 242 242 242  5 Noncash prizes 2442 242  6 Rent/facifity costs 111,139 111,139 111,139  7 Food and beverages 3 Entertainment 3 11,139 111,139  9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 16,958 13,264  2 Cash prizes 3 5,577 5,577  10 Direct expense summary. Add lines 4 through 9 in column (d) 1 16,958 13,264  2 Cash prizes 3 (h) Singo (h) Pull labelinosistant (e) Criter gamma (e) Gross personse than \$15,000 on Form 990-EZ, line 6a.  9 Other direct expenses summary. Add lines 9 through 5 in column (d) 1 (e) Criter gamma		2									
4 Cash prizes 242 242 242 242 242 242 242 242 242 24		3	Gross revenue (line 1	20, 222			20.000				
Source   S			minus line 2)	30,222	<u> </u>		30,222				
To Food and beverages  Retrietraliment  Other direct expenses summary. Add lines 4 through 9 in column (d)  10 Direct expenses summary. Combine line 3, column (d), and line 10  Part IIII  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) Binga  (b) Pult tabelimisent  (c) Other gaming  (d) Total gaming (Add  (e) Total gaming (Add  (d) Total gaming (Add  (e) Total gaming (Add  (f) Total gaming (Add  (g) Total g		4	Cash prizes								
The food and beverages  Rentraliment  Other direct expenses summary. Add lines 4 through 9 in column (d)  Interpretation of the companies of the column (d) and line 10.  Paint III  Grass revenue  (a) Bingo  (b) Pull tabelinsami  (c) Other gaming  (d) Total 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 tabelinsami  (c) Other gaming  (d) Total gaming (Add Coll. (a) through oil. (c))  (d) Total gaming (Add Coll. (a) through oil. (c))  (e) Other gaming  (f) Total gaming (Add Coll. (a) through oil. (c))  (d) Total gaming (Add Coll. (a) through oil. (c))  (e) Other gaming  (f) Total gaming (Add Coll. (a) through oil. (c))  (e) Other gaming  (f) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c))  (g) Total gaming (Add Coll. (a) through oil. (c)  (g) Total gaming (Add Coll. (a) through oil. (c)  (g) Total gaming (Add Coll. (a) through oil. (c)  (g) Total gaming (Add Coll. (a) through oil. (c)  (g) Total gaming (Add Coll. (a) through oil. (c)  (g) Total gaming (Add Coll. (a) through oil. (c)  (g) Total gaming (Ad		5	Noncash prizes	242			242				
To Food and beverages  8 Entertainment 9 Other direct expenses unmary. Add lines 4 through 9 in column (d) 10 Direct expense summary. Combine line 3, column (d), and line 10  11 Net income summary. Combine line 3, column (d), and line 10  13 , 2 64  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 Interinstant (c) Other gaming (d) Total gaming (Add col. (e) through oxl. (c))  1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column d, and line 7  9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities: a Is the organization of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 11a Does the organization operate gaming activities with nonmembors? 11 Does the organization operate gaming activities with nonmembors? 11 Does the organization operate gaming activities with nonmembors? 11 Does the organization operate gaming activities with nonmembors? 11 Does the organization operate gaming activities with nonmembors?	<b>,</b> 0	,		11 120			11 130				
9 Other direct expenses   5,577   10 Direct expense summary. Add lines 4 through 9 in column (d)   11 Net income summary. Combine line 3, column (d), and line 10   13,264  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 tabalinstant bingolprogressive bingo   (c) Other geming   (d) Total gaming (Add col. (a) through ox5. (e))  1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   4 Rent/facility costs   5 Other direct expenses summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Combine line 1, column d, and line 7    9 Enter the state(s) in which the organization operate gaming activities in each of these states?   9 It her organization licensed to operate gaming activities in each of these states?   9 It her organization operate gaming activities in each of these states?   10a Were any of the organization operate gaming activities in each of these states?   11 Does the organization operate gaming activities with nonmembers?   11 Does the organization operate gaming activities with nonmembers?   11 Does the organization operate gaming activities with nonmembers?   11 J Z	Direct Expenses	ס	Rent/lacility costs	11,100			11,139				
9 Other direct expenses   5,577   10 Direct expense summary. Add lines 4 through 9 in column (d)   11 Net income summary. Combine line 3, column (d), and line 10   13,264  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 tabalinstant bingolprogressive bingo   (c) Other geming   (d) Total gaming (Add col. (a) through ox5. (e))  1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   4 Rent/facility costs   5 Other direct expenses summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Combine line 1, column d, and line 7    9 Enter the state(s) in which the organization operate gaming activities in each of these states?   9 It her organization licensed to operate gaming activities in each of these states?   9 It her organization operate gaming activities in each of these states?   10a Were any of the organization operate gaming activities in each of these states?   11 Does the organization operate gaming activities with nonmembers?   11 Does the organization operate gaming activities with nonmembers?   11 Does the organization operate gaming activities with nonmembers?   11 J Z		7	Food and beverages								
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 tabelinstant bingo/progressive bingo (e) Other geming (d) Total gaming (Add col. (a) through col. (e))  1 Gross revenue (a) Expenses (b) Pull tabelinstant bingo/progressive bingo (e) Other geming (d) Total gaming (Add col. (a) through col. (e))  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs (b) Tyes (c)		8	Entertainment								
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 tabelinstant bingo/progressive bingo (e) Other geming (d) Total gaming (Add col. (a) through col. (e))  1 Gross revenue (a) Expenses (b) Pull tabelinstant bingo/progressive bingo (e) Other geming (d) Total gaming (Add col. (a) through col. (e))  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs (b) Tyes (c)		9	Other direct expenses	5,577			5,577				
1 Net income summary. Combine line 3, column (d), and line 10   13, 264											
Park 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 bings/progressive bingo (c) Other gaming (d) Total gaming (Add col. (a) through col. (c))  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rentifacility costs  5 Other direct expenses  6 Volunteer labor Yes % No X No X No  7 Direct expense summary. Add lines 2 through 5 in column (d)  3 Net gaming income summary. Combine line 1, column d, and line 7  Perform 10a			•	• ,			13,264				
Comparison of the organization operate gaming activities with nonmembers?   10   Comparison of the organization operate gaming activities with nonmembers?   11   Comparison of the organization operate gaming activities with nonmembers?   12   Comparison of the organization operate gaming activities with nonmembers?   10   Comparison of the organization operate gaming activities with nonmembers?   11   X   X   X   X   X   X   X   X	P	art	II Gaming. Com	plete if the organization ans			oorted more				
Section of the organization operate gaming activities with nonmembers?   11   X   X   X   X   X   X   X   X			tnan \$15,000 (		(b) Pull tabs/instant		(d) Total gaming (Add				
1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  X No  Yes %  X No  Yes %  Yes %  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  Performance is the organization licensed to operate gaming activities in each of these states?  9 Enter the state(s) in which the organization operates gaming activities in each of these states?  9 If "No," Explain:  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?	/enue			(a) Bingo		(c) Other gaming					
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Ŗ	1	Gross revenue								
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor											
4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  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  Penter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9 If "No," Explain:  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a Were any of the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?	nses	2	Cash prizes								
5 Other direct expenses    Yes	Expe	3	Noncash prizes								
5 Other direct expenses    Yes	Direct	4	Rent/facility costs								
Yes	l-ai	_	Other direct evenence								
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  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? 9		3	Other direct expenses		Yes %	Yes 9	6				
8 Net gaming income summary. Combine line 1, column d, and line 7  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? b If "No," Explain:  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain:  11 Does the organization operate gaming activities with nonmembers?  11 X		6	Volunteer labor	X No	X No	X No					
Parter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," Explain:  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a Were, "Explain:  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?		7	Direct expense summary	. Add lines 2 through 5 in column (d	),		• (				
Parter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," Explain:  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a Were, "Explain:  11 Does the organization operate gaming activities with nonmembers?  11 Does the organization operate gaming activities with nonmembers?											
a Is the organization licensed to operate gaming activities in each of these states?  b If "No," Explain:  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," Explain:  11 Does the organization operate gaming activities with nonmembers?  12 X											
b If "No," Explain:  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a X  b If "Yes," Explain:  11 Does the organization operate gaming activities with nonmembers?  11 X		Er Is	nter the state(s) in which the the organization licensed t	e organization operates gaming activ o operate gaming activities in each o	vities:  of these states?		9a X				
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b If "Yes," Explain:  11 Does the organization operate gaming activities with nonmembers?  12 X											
11 Does the organization operate gaming activities with nonmembers?  11 X			ere any of the organization				10a X				
11 Does the organization operate gaming activities with nonmembers?	E	٠, ,,	-			***************************************					
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	11	 D	nes the organization once								
formed to administer charitable gaming?		ls	the organization a grantor,	beneficiary or trustee of a trust or a	member of a partnership or other	r entity					

Sche	edule G (Form 990 or 990-EZ) 2009 <b>TH</b>	IOMAS R	ICHARDS	CHARITY		27-351	1264	4	P	age 3
			•	•	-			·	Yes	No
13	Indicate the percentage of gaming activity ope	erated in:								
а	The organization's facility					13a	%			
þ	An outside facility					13b	%			
14	Provide the name and address of the person	who prepares	the organization	n's gaming/special e	events books					
	and records:									
	·									
	291 ANTOINETTE DR									
	Address > ROCHESTER HILLS				· · · · · · · · · · · · · · · · · · ·	MI 48307				
l5a	•									
	revenue?							15a		X
b	if "Yes," enter the amount of gaming revenue	received by the	ne organization	<b>\$</b>		and the				
	amount of gaming revenue retained by the thi		\$							
C	If "Yes," enter name and address of the third p	party:		%.						
	Name Name									
	Address Address									
	O-mile #									
16	Gaming manager information:									
	Name &									
	Name ►			• • • • • • • • • • • • • • • • • • • •						
	Coming manager companyation > 6									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	besorption of services provided P				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				
	Director/officer Employee	. [	Independe	nt contractor						
		<b>-</b> [	macpende	an contractor						
17	Mandatory distributions:									
 a	Is the organization required under state law to	n make charita	able distribution	is from the gaming n	raceeds to					
_	retain the state gaming license?	Grant	wice induted.					17a	k:::::::::::::::::::::::::::::::::::::	X
b		ter state law o	distributed to of	her exempt organiza	ations or spent		• • • • •			
	in the organization's own exempt activities du				or oponic					

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047 **2009** 

Open To Public Inspection

THOMAS RICHARDS CHARITY

Employer identification number

	THOMAS RICHARDS	CHARI	т У						<u> </u>		<u> </u>			
Part I	Excess Benefit Transactions (se								IDF					
		V, line 25a or 25b, or Form 990-EZ, Part V, line 40b.							Corrected?					
1	(a) Name of disqualified person					(b	) Description	of transaction				Yes	<del></del>	
											$\dashv$		_	
	·		<del></del>		<del>                                     </del>									
													+	
	amount of tax imposed on the organization								<b>.</b> .					
	ction 4958amount of tax, if any, on line 2, above, reim								<b>▶</b> \$ <b>▶</b> \$					
	Loans to and/or From Interested			<del>jan neado</del>	··		• • • • • • • • • • • •							
	Complete if the organization answered "Ye			Part IV, I	line 26, o	r Form 990-	-EZ, Part V	line 38a.				-		
(a	) Name of interested person and purpose	(b) l	oan to	(	c) Origina	]	(d) Bala	nce due	(e) in (	default?	( <b>f)</b> App	proved	(g) W	ritten
			om the ization?	prin	cipal amo	unt				İ	4 -	ard or ittee?	agreer	nent?
		To	From						Yes	No	Yes	No	Yes	No
2 Enter the under sec 3 Enter the Part II (a)	ŢI	10	FIOIII						,,,,	110	100	110	100	
WORKING	CAPITAL LOAN	x			1	.,105		1,105		x	x			X
								•		_		$\vdash$		
											'		]	
												· · · · · ·		
							N-10-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					<u> </u>		
			-						ļ	┼	┼	<u></u>		<u> </u>
	•													
Total						▶\$		1,105		<u> </u>				
Part III	Grants or Assistance Benefittir	_												
	Complete if the organization answered "Y	es" on For	m 990,						1					
	(a) Name of interested person			(b	) Relation	•	interested pe ization	erson and the	(c)	Amour	nt and f	type of	assist	ance
						3			<u> </u>					
					•				ļ					
<del></del>														
							<del></del>							
Part IV	Business Transactions Involving	ng Intere	sted	Perso	ns.									_
	Complete if the organization answered "Y	_				, 28b, or 28	c.							
	(a) Name of interested person			onship bet		(c) Amo		(d) Desc	ription	of trar	ısactio	n	(e) S	org.
		int		person ar anization	nd the	transa	action						reve	nues
			9										Yes	†N
		<del></del>	<del>, , ,</del>										-	†
														_

66595 THOMAS RICHARDS CHARITY

Federal Statements

FYE: 8/31/2010

27-3511264

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
BANK FEES	63
LICENSES AND PERMITS	20
DUES AND SUBSCRIPTIONS	. 25
DONATION	795
Total	\$903

## Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year	
Loans from Officers	\$	\$ 1,10	5
		1,10	5

11/11/2010 3:26 PM

66595 THOMAS RICHARDS CHARITY

FYE: 8/31/2010

27-3511264

**Federal Statements** 

## Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The mission of the Thomas Richard's Charity is to assist persons who are disadvantaged and/or challenged in southeastern Michigan through charitable efforts.

11/11/2010 3:26 PM