Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

Open to Public Inspection

A	For the	the 2005 calendar year, or tax year beginning , 2005, and ending					, 20		
В	Check if a	i grado (a ranto di diganization			oyer identification number				
	Address of	9	use IRS Friends of Kern, Inc. 04			3595	265		
	Name cha	0	label of			hone n	none number		
Z	Initial retu		type.				8 - 2789		
H	Final returnment Amended		See Specific	City or town, state or country, and ZIP + 4					
H		n pending	Instruc-	Franklin, TN 37067-8601	F Grou	p Exem ber .			
			tions.						
	Section	on 501(c)(3)			G Accounting m		✓ Cash		
			a con	pleted Schedule A (Form 990 or 990-EZ).	Other (specify) 🕪			
			http://s	www.friendsofkern.org	H Check ▶ 🛛	if the	organization		
	Websit				is not required				
J	Organiz	zation type (d	check or	lly one)— 🗹 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	Schedule B (F	orm 990), 990-EZ, or 990-PF).		
				on's gross receipts are normally not more than \$25,000. The organization	on need not file a	return	with the IRS; but if the		
				return, be sure to file a complete return. Some states require a comp			,		
*******				e 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of		▶ \$	7,265.07		
20000000	art I			nses, and Changes in Net Assets or Fund Balances (So		the in			
1866			***************************************		and the second s	1 1	4,551.50		
	1			, grants, and similar amounts received		2	n/a		
	2	_		evenue including government fees and contracts					
	3		-	and assessments	* * * * *	3	2,640.37		
	4	Investmen				4	n/a		
	5a	Gross amo	ount fro	m sale of assets other than inventory <u>5a</u>	90.00	- 1			
	b	Less: cost	or othe	r basis and sales expenses	60.00				
/i>	C	Gain or (lo	ss) fron	n sale of assets other than inventory (line 5a less line 5b) (attach	schedule)	5c	30.00		
ž	6	Special eve							
Revenue	a			ot including \$ of contributions					
æ		reported o			n/a				
	Ь	•		nses other than fundraising expenses 6b	n/a				
	C			ss) from special events and activities (line 6a less line 6b)		6c	n/a		
			Gross sales of inventory, less returns and allowances				u ng un		
	7a			ontory, root rotation and anovation	n/a n/a				
	b	Less: cost				7c	n/a		
	C			ss) from sales of inventory (line 7a less line 7b)			n/a		
	8	Other reve	enue (ae	8					
				ld lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	7,221.87		
	10			amounts paid (attach schedule)		10	2,767.50		
	11	Benefits paid to or for members					n/a		
90	12	Salaries, other compensation, and employee benefits					n/a		
enses	13		13	271.77					
ž	14	Occupancy	14	n/a					
LL	15		Printing, publications, postage, and shipping				351.91		
	16	Other expe	Other expenses (describe Stationery and Supplies			16	69.23		
	17	Total expe	enses (a	add lines 10 through 16)		17	3,460.41		
(J)	18	Excess or	(deficit)	for the year (line 9 less line 17)		18	3,761.46		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							
Š	13			19	10,657.13				
سب.	20		of-year figure reported on prior year's return)			20	n/a		
Ž	21						14,418.59		
Ð	Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 ins					21			
							(B) End of year		
g/a .~				ee page 41 of the instructions.)					
22		n, savings, a			10,05/	7.13 22 n/a 23			
23				s					
24		tal assets				n/a 24	COMPANY OF THE PROPERTY OF THE PARTY OF THE		
25						~~~~~			
26	Tota	l liabilities ((describ	e -	**************************************	n/a 26			
27	Net :	assets or f	und ba	lances (line 27 of column (B) must agree with line 21)	10,657	1.13 27	14,418.59		

Pa	rt III Statement of Program Service Accom	plishments (See page 42	2 of the instruction	ons.)	100po/8-0016-00-00-00-00-00-00-00-00-00-00-00-00-00	Expen	ses
Wha	at is the organization's primary exempt purpose?	haritable, educational - s	upporting reside	nt camp			r 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,							anizations (1) trusts;
describe the services provided, the number of persons benefited, or other relevant information for each program title.							others.)
28	Kent Barnheiser Lobby Naming Opportunity for	or New Assembly Hall - \$1	10.000 pledge ove	er 4 vears		A STANGE OF STREET, SAME AND A STANGE	. 14-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
500 M	provides support for facility development for YM	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
•	Metro Dayton OH, which serves over 30,000 prog						
	(Grants \$ 2,750.00) If this amount incl	~	here	N	28a		3,041.23
29				ervices	A	TTO TTT OUT OF STATE	
	Administrative Support for The Carl B. Kern Fund - postage and in-kind administrative services produced a 2005 year-end mailing which raised over \$3,000 towards a dedicated fund of The						
	Dayton Foundation which has distributed over \$70,000 to YMCA Camp Kern from 1989 thru 2005						
	Grants \$) If this amount includes foreign grants, check here						74.00
30 .	Grants \$) If this amount includes foreign grants, check here						1.3100
	recipients, combined with scholarships from the ACA Ohio Section, provide free memberships to students who desire to learn more about best practices for the camp experience [1 grant in 2005]						
		udes foreign grants, check		N []	30a		17.50
	Other program services (attach schedule)	addo foreign granto, orieon	11010	. F L	000		38,470
	. ,	udes foreign grants, check	here		31a		
	Total program service expenses (add lines 28a th			· • •	32	••••••	3,132.73
	rt IV List of Officers, Directors, Trustees, and Key			d See page 4		instruc	
		(B) Title and average	(C) Compensation	(D) Contributio	ins to		Expense
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe			unt and Illowances
***************************************	Stuart T. Weinberg		VIII.01 0 1)	dolorida dollipoi	10001	Other a	
	Franklin, TN 37067	Exec. Dir.; 6 hrs/wk	- 0		- 0 -		» O «
	Thomas A. Falter					137744171111111111111111111111111111111	**************************************
	Cincinnati, OH 45242	Board Chair; hrs vary	- O =		- 0 -		- 0 -
*****************						*****************	
***************************************						Executed that the property and the popular	***************************************

Pa	rt V Other Information (Note the attachme	ent requirement in Gene	ral Instruction V	page 14)		erescussoreren onen opper	Yes No
******						T	100 110
33	Did the organization engage in any activity not pro- description of each activity	eviously reported to the IR	57 if "Yes," attacr	i a detailed		33	🗸
04	, , , , , , , , , , , , , , , , , , , ,			00 11 10 4 1		- 00	
34	Were any changes made to the organizing or government copy of the changes	erning documents but not i	reported to the IH	S? If "Yes,"		34	✓
oe	attach a conformed copy of the changes					0.1	
35	If the organization had income from business activities, a reported on Form 990-T, attach a statement explaining y				not		
^		, ,					
a	Did the organization have unrelated business gros proxy tax requirements?			e, reporting, a	ana	35a	🗸
h		or this year?				35b	V
	b If "Yes," has it filed a tax return on Form 990-T for this year?					333	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attac statement.)					36	✓
372	Enter amount of political expenditures, direct or ind			a	n/a		
	Did the organization file Form 1120-POL for this					37b	
	Did the organization borrow from, or make any loa					3	
JUM	any such loans made in a prior year and still unpa		,	, ,	ere	38a	/
h	If "Yes," attach the schedule specified in the line		· 1	retuini ,			
IJ	involved	so instructions and enter	the amount 38	a	n/a		
39	501(c)(7) organizations. Enter:			9	2 27 632		
	Initiation fees and capital contributions included o	n line 9	398	3	n/a		
	Gross receipts, included on line 9, for public use		391		n/a		
					5 11 (4		
~Vd	501(c)(3) organizations. Enter amount of tax impossection 4911				'a		5
h	501(c)(3) and (4) organizations. Did the organization en						
3.9	year or did it become aware of an excess benefit trai	ngage in any section 4906 (2) Osaction from a prior vear? I	rucoo uchem udhsi f "Yes " attach an i	avuun dunng axmlanation	ult	40b	\
C	Enter amount of tax imposed on organization mar				•	L.	
•	sections 4912, 4955, and 4958	. ,					n/a
d	Enter amount of tax on line 40c reimbursed by the	organization			*****		n/a

Page	3
Page	3

	00 1	(1.000)							ago w
Pari	ł V.	Other Information (Note the attachment requirement	in General In	struction	V, pag	e 14.) <i>(</i> Co	ontinuec	1)	MILLER WOOD, CARDO
42a	The b	st the states with which a copy of this return is filed. ▶ n/a ne books are in care of ▶ Stuart T. Weinberg Telephone no. ▶ (615) 428 - 278 ocated at ▶ 1207 Deanna Court; Franklin, TN ZIP + 4 ▶ 37067-8601)
	over a accou If "Ye	s," enter the name of the foreign country: ▶ <u>n/a</u>	ount, securities	s account,		-		Yes	No ✓
C	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. At any time during the calendar year, did the organization maintain an office outside of the U.S.?								<u>√</u> ▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year 43 n/a								
Plea: Sign Here		Under penalties of perjury, declare that I have examined this return, includ and belief, it is true, correct, and complete. Declaration of preparer (other Signature of officer Stuart T. Weinberg; Executive Director Type or print name and title.							
Paid Prepa	rer's	Preparer's signature Date Check if self-employed ▶						See Gen.	Inst. W)
Use C		Firm's name (or yours if self-employed), address, and ZIP + 4		202222002 00000000000000000000000	EIN Phone no	> ()	fi tredenantiocanile at a sociocani	Meditorine or moderator
							Form 99	0-EZ	(2005)