

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)

▶ 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.

OMB No. 1545-1150

2008

Open to Public  
Inspection

**A** For the 2008 calendar year, or tax year beginning October 1, 2008, and ending September 30, 20 09

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
D-day Ohio, Inc.  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
620 Jackson St.  
 City or town, state or country, and ZIP + 4  
Maumee, Ohio 43537

**D** Employer identification number  
xx : xxxx

**E** Telephone number  
( 419 ) 350-6354

**F** Group Exemption Number . . . ▶

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.ddayohio.us

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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 ▶ \$ 10662

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	5896
	2	Program service revenue including government fees and contracts . . . . .	0
	3	Membership dues and assessments . . . . .	40
	4	Investment income . . . . .	0
	5a	Gross amount from sale of assets other than inventory . . . . .	0
	5b	Less: cost or other basis and sales expenses . . . . .	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	0
	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 \$ <u>0</u> of contributions reported on line 1) . . . . .	0
b	Less: direct expenses other than fundraising expenses . . . . .	0	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	0	
7a	Gross sales of inventory, less returns and allowances . . . . .	3645	
7b	Less: cost of goods sold . . . . .	1530	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	2115	
8	Other revenue (describe ▶ <u>vendor and walk on fees</u> ) . . . . .	1080	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. . . . .	9132	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	0
	11	Benefits paid to or for members . . . . .	0
	12	Salaries, other compensation, and employee benefits . . . . .	0
	13	Professional fees and other payments to independent contractors . . . . .	5075
	14	Occupancy, rent, utilities, and maintenance . . . . .	0
	15	Printing, publications, postage, and shipping . . . . .	31
	16	Other expenses (describe ▶ <u>properties and scenery, insurance</u> ) . . . . .	1260
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	6366	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	2766
	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) . . . . .	2215
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	4981

**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 . . . . .	2215	4981
23	Land and buildings . . . . .	0	0
24	Other assets (describe ▶ _____) . . . . .	0	0
25	<b>Total assets</b> . . . . .	2215	4981
26	<b>Total liabilities</b> (describe ▶ _____) . . . . .	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	2215	4981

<b>Part III</b> Statement of Program Service Accomplishments (See the instructions for Part III.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>Educate public about June 6, 1944 (D-Day Normandy)</b> 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.	
<b>28</b> <u>Conducted educational events on August 22, 2009 to simulate D-Day landings. Conducted public lectures and demonstrations throughout the day. Added on-site signage in 2009. Approx 4500 spectators attended the event.</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <b>6366</b>
<b>29</b> ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> <b>0</b>
<b>30</b> ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> <b>0</b>
<b>31</b> Other program services (attach schedule) ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b> <b>0</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) .....	<b>32</b> <b>6366</b>

<b>Part IV</b> List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(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 & deferred compensation	(e) Expense account and other allowances
<b>Lisa Torey</b> .....	<b>President - 12</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Betsy Bashore</b> 620 Jackson, Maumee, Ohio 435376	<b>Treasurer - 10</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Robert Trumbull</b> .....	<b>Reenactor Representative - 4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ryan Kern</b> .....	<b>Reenactor Representative - 4</b>	<b>0</b>	<b>0</b>	<b>0</b>
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**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <u>N/A</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 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 . . . . .		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>N/A</u>		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
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. . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>Ohio</u>		
42a	The books are in care of ▶ <u>Betsy Bashore</u> Telephone no. ▶ <u>( 419 ) 350-6354</u> Located at ▶ <u>620 Jackson Street, Maumee, Ohio</u> ZIP + 4 ▶ <u>43537</u>		
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)? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>

**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.

- |   |     | 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 . . . . . | 46  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? . . . . .   | 49b | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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 & 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 each 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: \_\_\_\_\_ Date: \_\_\_\_\_

**Betsy Bashore, Treasurer**

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's Identifying Number (See instructions)

EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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