

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 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 09-01-2008, and ending 08-31-2009**

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

**C Name of organization**  
SPRINGFIELD SCHOOL VOLUNTEERS INC  
**Number and street (or P O box, if mail is not delivered to street address) Room/suite**  
195 STATE STREET  
**City or town, state or country, and ZIP + 4**  
SPRINGFIELD, MA 01103

**D Employer identification number**  
04-2643527  
**E Telephone number**  
(413) 787-7015  
**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.SPRINGFIELDSCHOOLVOLUNTEERS.ORG  
**J Organization type** (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

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

**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** \$ 607,199

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

Revenue	
<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>
<b>2</b> Program service revenue including government fees and contracts	<b>2</b> 602,411
<b>3</b> Membership dues and assessments	<b>3</b>
<b>4</b> Investment income	<b>4</b> 4,788
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>
<b>b</b> Less cost of goods sold	<b>7b</b>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>
<b>8</b> Other revenue (describe )	<b>8</b>
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b> 607,199

Expenses	
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>
<b>11</b> Benefits paid to or for members	<b>11</b>
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b> 372,076
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b> 39,472
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b> 30,900
<b>15</b> Printing, publications, postage, and shipping	<b>15</b> 1,820
<b>16</b> Other expenses (describe )	<b>16</b> 255,322
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b> 699,590

Net Assets	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b> -92,391
<b>19</b> 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)	<b>19</b> 440,197
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b> 33,260
<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b> 381,066

**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
<b>22</b> Cash, savings, and investments		447,461	<b>22</b> 413,707
<b>23</b> Land and buildings		3,903	<b>23</b> 2,425
<b>24</b> Other assets (describe )		405,046	<b>24</b> 380,417
<b>25 Total assets</b>		856,410	<b>25</b> 796,549
<b>26 Total liabilities</b> (describe )		416,213	<b>26</b> 415,483
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		440,197	<b>27</b> 381,066

<b>Part III Statement of Program Service Accomplishments</b> (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? Provide Support to Springfield Public Schools			
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> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</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>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	452,444

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-.)	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
See Additional Data Table				

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2643527  
**Name:** SPRINGFIELD SCHOOL VOLUNTEERS INC

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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.	Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)	
<b>28</b> SPRINGFIELD MATH AND READING TUTORIAL - SMART SPRINGFIELD SCHOOL VOLUNTEERS ORGANIZES APPROX 2800 VOLUNTEERS TO PROVIDE TUTORING AND MENTORSHIP TO 46 PUBLIC AND 5 SAFE SCHOOLS WITHIN SPRINGFIELD (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	207,640
<b>29</b> PARTNERSHIPS/FISCAL AGENTS ARE ESTABLISHED BETWEEN VARIOUS MEMBERS OF THE COMMUNITIES (LOCAL COLLEGES, BUSINESS AND OTHER ORGNIZATIONS) TO MATCH RESOURCES AVAILABLE FROM THAT COMMUNITY (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	192,087
<b>30</b> READ ALOUD IS A SPECIAL PROGRAM RAN FROM OCT TO DEC IN EACH YEAR WHERE APPROX 600 VOLUNTEERS GO INTO SPRINGFIELD ELEMENTARY SCHOOLS ONE DAY PER MONTH AND READ WITH THE CHILDREN (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	18,545
OTHER PROGRAMS - PROGRAMS SUPPORTING EDUCATION IN THE SPRINGFIELD PUBLIC SCHOOLS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		34,172

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
BOBBIE MILES 195 State St Springfield, MA 01103	PRESIDENT 001 00	0		
JEAN WYLD 195 State St Springfield, MA 01103	VICE PRESIDENT 001 00	0		
JEFFREY POINDEXTER 195 State St Springfield, MA 01103	SECRETARY 001 00	0		
RUDY D'AGOSTINO 195 State St Springfield, MA 01103	TREASURER 001 00	0		
A CRAIG BROWN 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
DENISE COGMAN 195 State St Springfield, MA 01103	Exec Director 001 00	0		
KAREN CRAIG 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
ALLENE CURTO 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
ENRIQUE FIGUEREDO 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
CAROL FITZGERALD 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
KATHRYN GIBSON 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
SUZANNE HENDERY 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
PETER HESS 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
MARJORIE HURST 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
BRENDON HUTCHINS 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
SUSAN LAVOIE 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
MATT LONGHI 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
JAMES SHRIVER 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
FRANCISCO SOLE 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
ANN SOUTHWORTH 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
PATRICIA SPRADLEY 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		
CAROL KINSLEY 195 State St Springfield, MA 01103	DIRECTOR 001 00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		No
<b>34</b>	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 . . . . .		No
<b>35</b>	<i>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</i>		
<b>35a</b>	<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		No
<b>35b</b>	<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		No
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> _____		
<b>37b</b>	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		No
<b>38b</b>	<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<i>501(c)(7) organizations.</i> Enter		
<b>39a</b>	<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> <u>0</u> , section 4912 <b>▶</b> <u>0</u> , section 4955 <b>▶</b> <u>0</u>		
<b>40b</b>	<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		No
<b>40c</b>	<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
<b>40d</b>	<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>40e</b>	<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <b>▶</b> _____		
<b>42a</b>	The books are in care of <b>▶</b> <u>Denise Cogman</u> Telephone no <b>▶</b> <u>(413) 787-7015</u> 195 State Street Located at <b>▶</b> <u>Springfield, MA</u>		
<b>42b</b>	<b>b</b> At any time during the calendar year, did the organization have an interest over a financial account in a foreign country (such as a bank account, securities account)? If "Yes," enter the name of the foreign country <b>▶</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F Financial Accounts.</b>		
<b>42c</b>	<b>c</b> At any time during the calendar year, did the organization maintain an office in a foreign country? If "Yes," enter the name of the foreign country <b>▶</b> _____		
<b>43</b>	<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 and enter the amount of tax-exempt interest received or accrued during the year: _____		
<b>44</b>	<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes," Form 990-EZ must be completed instead of Form 990-EZ.</i>		
<b>45</b>	<b>45</b> Is any related organization a controlled entity of the organization within the meaning of Section 1361(c)(1)(B)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		

**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
<b>46</b> 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		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> 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 received more than \$100,000 of compensation from the organization. If there are 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 are 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		

**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2010-03-09

DENISE COGMAN EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Nicholas LaPier Date: 2010-03-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Nicholas LaPier PC, PO Box 324, West Springfield, MA 01090324

Preparer's PTIN (See Gen Inst X): EIN: Phone no: (413) 732-0200

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

**Name of the organization**  
SPRINGFIELD SCHOOL VOLUNTEERS INC

**Employer identification number**  
04-2643527

**Part I Reason for Public Charity Status** (to be completed by all organizations) (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 a 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 to 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 it 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 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	536,179	632,106	616,024	588,733	561,839	2,934,881
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	121,200	250,695	98,177			470,072
<b>4 Total.</b> Add line 1-3	657,379	882,801	714,201	588,733	561,839	3,404,953
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						3,404,953

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	657,379	9,393	714,201	588,733	561,839	3,404,953
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,899	9,393	34,235	31,408	20,024	107,959
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						3,512,912
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input checked="" type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	<b>96.930 %</b>
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>97.730 %</b>
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	0 %
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 %
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

<b>Facts and Circumstances Test</b>

## TY 2008 Other Assets Schedule

**Name:** SPRINGFIELD SCHOOL VOLUNTEERS INC

**EIN:** 04-2643527

**Software ID:** 08000033

**Software Version:** 2008.1.20

Description	Beginning of Year Amount	End of Year Amount
Investments	65,482	62,712
Accounts Receivable	47,500	36,321
Prepaid Expenses	2,686	17,779
Investments held FBO SPS	289,378	263,605

## TY 2008 Other Changes in Net Assets Schedule

**Name:** SPRINGFIELD SCHOOL VOLUNTEERS INC

**EIN:** 04-2643527

**Software ID:** 08000033

**Software Version:** 2008.1.20

Description	Amount
unrealized gain on investments	33,260

## TY 2008 Other Expenses Schedule

**Name:** SPRINGFIELD SCHOOL VOLUNTEERS INC

**EIN:** 04-2643527

**Software ID:** 08000033

**Software Version:** 2008.1.20

Description	Amount
Travel	5,011
Conferences, conventions, and meetings	1,338
Depreciation, depletion, etc.	1,478
Supplies	2,675
Payroll Taxes	15,966
Health Insurance	20,586
Payroll Process	1,986
General Program Expense	154,407
General Insurance	1,682
Marketing	2,909
Bank Service Charges	321
Dues and Subscriptions	808
Misc Expense	36,865
Recruitment and Recognition	9,290

## TY 2008 Other Liabilities Schedule

**Name:** SPRINGFIELD SCHOOL VOLUNTEERS INC

**EIN:** 04-2643527

**Software ID:** 08000033

**Software Version:** 2008.1.20

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	73,217	50,323
Other Accruals	389	5,323
Agency Funds	53,229	96,232
Funds Held FBO SPS	289,378	263,605