

Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DRUG FREE RANDOLPH COUNTY, INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite 401 N. PLUM STREET City, town, or country State ZIP + 4 UNION CITY IN 47390
D Employer identification number 20-3972831	E Telephone number (765) 964-4683
F Group Exemption Number ►	
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► N/A	
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> 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 ► \$ 60,225	

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	1	60,176
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	49
	5a Gross amount from sale of assets other than inventory 5a 0		
	b Less cost or other basis and sales expenses 5b 0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c 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 \$ 0 of contributions reported on line 1) 6a 0		
	b Less direct expenses other than fundraising expenses . 6b 0		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . 6c 0		
	7a Gross sales of inventory, less returns and allowances 7a		
	b Less cost of goods sold 7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0		
	8 Other revenue (describe ►) 8 0		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 9 60,225		
	Expenses	10 Grants and similar amounts paid (attach schedule) 10 34,296	
11 Benefits paid to or for members 11			
12 Salaries, other compensation, and employee benefits 12 13,350			
13 Professional fees and other payments to independent contractors 13 645			
14 Occupancy, rent, utilities, and maintenance 14			
15 Printing, publications, postage, and shipping 15 774			
16 Other expenses (describe ► See attached statement) 16 6,781			
17 Total expenses. Add lines 10 through 16 ► 17 55,846			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,379		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 21,520		
	20 Other changes in net assets or fund balances (attach explanation) 20 17,602		
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ► 21 43,501		

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		20,766	22 42,642
23 Land and buildings			23
24 Other assets (describe ► See attached statement)		1,803	24 1,169
25 Total assets		22,569	25 43,811
26 Total liabilities (describe ► PAYROLL TAX PAYABLE)		1,049	26 310
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ►		21,520	27 43,501

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

Form **990-EZ** (2008)

(HTA)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	TO DEVELOP, COORDINATE AND PROMOTE LOCAL EFFORTS TO PREVENT OR REDUCE THE EFFECTS OF ALCOHOL AND DRUG ABUSE AMONG CITIZENS OF RANDOLPH COUNTY, IN		
	(Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	55,846
29			
	(Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	0
30			
	(Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) ▶	32	55,846

(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				
Name	JAMES NOFFSINGER			Str	401 N. PLUM STREET	Title	EX. DIR.				
City	UNION CITY	ST	IN	ZIP	47390	Hr/WK	10.00	0	0	0	0
Name	DAVID REES			Str	928 E. BYRUM STREET	Title	V. PRES				
City	UNION CITY	ST	IN	ZIP	47390	Hr/WK	.00	0	0	0	0
Name	SUSAN REAM			Str	325 S. OAK STREET	Title	SEC				
City	UNION CITY	ST	IN	ZIP	47390	Hr/WK	.00	0	0	0	0
Name	BYRON PEASLEY			Str	524 PARK AVENUE	Title	TREAS.				
City	UNION CITY	ST	IN	ZIP	47390	Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0
Name				Str		Title					
City		ST		ZIP		Hr/WK	.00	0	0	0	0

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.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 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?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d 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		X
41 List the states with which a copy of this return is filed.		
42 a The books are in care of Name JAMES NOFFSINGER Telephone no. 765 964-4683 Located at 401 N. PLUM STREET City UNION CITY ST IN ZIP + 4 47390		
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)?		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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

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

- 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.

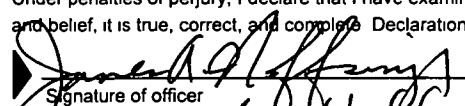
	Yes	No
46		X
47		X
48		X
49a		X
49b		
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- 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 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
Name <u>None</u> Str.	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str.	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str.	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str.	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str.	Title			
City ST ZIP	Hr/WK	.00	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

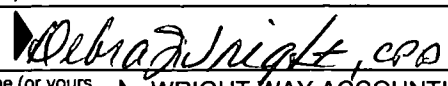
- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str.		
City ST ZIP		0
Name Str.		
City ST ZIP		0
Name Str.		
City ST ZIP		0
Name Str.		
City ST ZIP		0
Name Str.		
City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶	0	0

Sign Here Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.


Signature of officer

James A. Hoffmeyer
Type or print name and title

Paid Preparer's Use Only Preparer's signature 
Firm's name (or yours if self-employed), address, and ZIP +4 WRIGHT WAY ACCOUNTING SERVICES, LLC
4113 E. RANDOLPH COUNTY LINE

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

DRUG FREE RANDOLPH COUNTY, INC.

Employer identification number

20-3972831

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or 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 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
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	21,234	20,431	55,756	60,176	157,597
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	0	21,234	20,431	55,756	60,176	157,597
5 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)						
6 Public support. Subtract line 5 from line 4.						157,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	21,234	20,431	55,756	60,176	157,597
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	18	49	67
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						157,664

12 Gross receipts from related activities, etc. (see instructions.)	12	
13 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		<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test-2008. 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		<input type="checkbox"/>
b 33 1/3% support test-2007. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances-test-2008. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test-2007. 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.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a 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 Section 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0	22,492	55,738	60,176	138,406
2 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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	22,492	55,738	60,176	138,406
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			0			0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6)						138,406

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	22,492	55,738	60,176	138,406
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				18	49	67
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	18	49	67
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						138,473
14 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 <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support 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% support 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 explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. There are no margins, text, or other markings present.

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	DRUG USE PREVENTION	RANDOLPH COUNTY HEALTH		211 S. MAIN STREET	WINCHESTER	IN	47394	
2	DRUG USE PREVENTION	INDIANA TEEN INSTITUTE		5190 N. HIGH SCHOOL ROAD	INDIANAPOLIS	IN	46254	
3	DRUG USE PREVENTION	CAMP YALE		2000 US 27	WINCHESTER	IN	47394	
4	DRUG USE PREVENTION	RANDOLPH COUNTY YOUTH			WINCHESTER	IN	47394	
5	DRUG USE PREVENTION	KIDS IN DIFFICULT SITUATION						
6	DRUG USE PREVENTION	RANDOLPH CO. DARE PROG			WINCHESTER	IN	47394	
7	DRUG USE PREVENTION	INDIANA TEEN INSTITUTE		5190 N. HIGH SCHOOL ROAD	INDIANAPOLIS	IN	46254	
8	DRUG USE PREVENTION	WINDS OF CHANGE		211 S. MAIN STREET	WINCHESTER	IN	47394	
9	DRUG USE PREVENTION	DUNN CENTER			RICHMOND	IN	47374	
10	DRUG USE PREVENTION	WINCHESTER POLICE DEPT			WINCHESTER	IN	47394	
11	DRUG USE PREVENTION	WINCHESTER POLICE DEPT			WINCHESTER	IN	47394	

34,296

0

0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
559	Donor	CASH	DRUG EDUCATION					
4,765	Donor	CASH	DRUG EDUCATION					
3,842	Donor	CASH	DRUG EDUCATION					
100	Donor	CASH	DRUG EDUCATION					
10,000	Donor	CASH	COUNSELING FOR FAMILI					
3,500	Donor	CASH	DARE PROGRAM IN SCHC					
1,500	Donor	CASH	SEND TEAM TO LEADERS					
2,500	Donor	CASH	COUNSELING FOR RANDO					
2,500	Donor	CASH	EDUCATE INMATES					
4,970	Donor	CASH	PURCHASE EQUIPMENT					
60	Donor	CASH	TIP LINE FOR CRIMINAL A					

Part I, Line 16 (990-EZ) - Other Expenses

6,781

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	970
5	Depreciation, depletion, etc.	5	634
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	1,581
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Payroll tax	11	1,021
12	Internet	12	480
13	Bank service charge	13	10
14	Billboard advertising	14	240
15	Website	15	1,700
16	Townhall meetings	16	145
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

17,602

Description		Amount	
1	PER AMENDMENT TO 2005 990-EZ	1	21,234
2	PER AMENDMENT TO 2006 990-EZ	2	-3,632
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 26 (990-EZ) - Liabilities		1,049	310
	Description	Beginning	End
1	PAYROLL TAX PAYABLE	1,049	310
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	DRUG FREE RANDOLPH COUNTY, INC.		20-3972831	
	Number, street, and room or suite no. If a P.O. box, see instructions			
	401 N. PLUM STREET			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	UNION CITY		IN	47390

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

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

- The books are in the care of ► See attached worksheet

Telephone No. ► (765) 964-4683

FAX No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2008 or
- ☐ tax year beginning, and ending

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

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

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