

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

2008

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: DRANESVILLE COMMUNITY TRASH AND RECYCLING. D Employer identification number: 20-0031834. E Telephone number: (703) 447-9660. F Group Exemption Number.

G Accounting method: [X] Cash [ ] Accrual Other (specify). Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H Check [ ] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). I Website: N/A. J Organization type: [X] 501(c)(4) [ ] 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. \$ 119,381

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

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Includes sub-rows for special events and inventory. Total revenue is 119,381. Total expenses are 108,876. Net assets at end of year are 126,501.

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.

Table with 7 rows for Balance Sheets (lines 22-27). Columns for (A) Beginning of year and (B) End of year. Total assets: 115,996. Total liabilities: 0. Net assets: 115,996.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form 990-EZ (2008)



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?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	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?	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 unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
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 (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	40b	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	40e	X
41	List the states with which a copy of this return is filed	VA	
42a	The books are in care of	See attachment #5	
	Located at	Telephone no.	
		ZIP + 4	
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)?	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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.

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

▶ \_\_\_\_\_ Date \_\_\_\_\_

▶ Penelope Johnson Emery  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date <u>2/14/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>H&amp;R BLOCK/US TAX SERVICES</u> <u>8330 BOONE BLVD</u> <u>Vienna, VA 22182-</u>	EIN ▶ _____	Phone no. ▶ <u>703-893-4440</u>	

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

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

**2008**

<b>Name of the organization</b>	<b>Employer identification number</b>
DRANESVILLE COMMUNITY TRASH AND RECYCLING	20-0031834

**Organization type** (check one):

**Form 990 or 990-EZ**

**Section:**

- 501(c)( 4 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

**Form 990-PF**

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h, or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Paperwork Reduction Act Notice, see the instructions for Form 990. These instructions will be issued separately.** **Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
DRANESVILLE COMMUNITY TRASH AND RECYCLING		20-0031834	

Description of Other Expenses	Amount
AMERICAN DISPOSAL SERVICES	102,260
STATE OF VIRGINIA	60
TAX PREPARATION FEES	750
DONATION TO FCPS	1,000
REFUND TO MEMBER	615
InsURANCE	912
<b>Total</b>	<b>105,597</b>

**SCHEDULE OF OTHER ASSETS**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization DRANESVILLE COMMUNITY TRASH AND RECYCLING Employer Identification Number 20-0031834

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
RESERVE	102,786	101,874	
<b>Totals</b>	102,786	101,874	

**PRIMARY EXEMPT PURPOSE**

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01 , and ending 06-30-2009.
Name of Organization DRANESVILLE COMMUNITY TRASH AND RECYCLING	Employer Identification Number 20-0031834

Primary Purpose

Dranesville Community Trash and Recycling operates a weekly trash service for those who cannot have trash collection at their residence or need a secured trash disposal location. It is open to all members of the Dranesville Community. It provides a donation to the local elementary school each year and promotes recycling education in the community

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.

Name of Organization DRANESVILLE COMMUNITY TRASH AND RECYCLING Employer Identification Number 20-0031834

Part V - Line 42a

Individual Name Penelope Johnson Emery

or Business Name:

Street Address P O BOX 832

U.S. Address:

Zip code 22066 City Great Falls State VA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (703) 447-9660

Fax Number