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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No. 1545-1150

2010

Department of the Treasury Internal Revenue Service

Α	For the	e 2010 calend	ar year, or tax year beginning , 2010, and el	naing		, 2	<u>U</u>
В	Check if	applicable:	C Name of organization John Owens Adventure Inc		D Empl	oyer identific	ation number
	Address	change	26-2672169				
	Name ch	ange	Number and street (or P.O. box, if mail is not delivered to street address)	om/suite	E Telep	hone number	
	Initial retu	ırn ·					
	Terminate	ed ·	5715 Bunker Road		(4	40)230-15	55
\Box	Amended	i return	City or town, state or country, and ZIP + 4		F Group	Exemption	
Ī.	Applicatio	on pending	North Royalton, OH 44133		Numb	er 🕨	
			X Cash Accrual Other (specify) ▶	Н	Check >	X if the org	anization is not
1			joainc.org		required to	attach Scheo	dule B
j			check only one) - X 501(c) (3) 501(c)() (insert no.) 4947(a)(1) or	527	(Form 990), 990-EZ, or 9	90-PF).
			rganization is not a section 509(a)(3) supporting organization and its gross re				
			1 990 return is not required though Form 990-N (e-postcard) may be required				
			e to file a complete return.	,	,		
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if to	tal assets (Part II	
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ · · · ·				71,629
Permission A	THE PERSON NAMED IN TAKEN		e, Expenses, and Changes in Net Assets or Fund Balances				
\$ W	art I	Check if th	e organization used Schedule O to respond to any question in this Part I	• • • • • •			X
	1		s, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·			11	70,737
	2		vice revenue including government fees and contracts			2	,
	3	Membershin	dues and assessments			3	
	4	Investment in				4	
	Į.		nt from sale of assets other than inventory • • • • • • • • • 5a				
	1		other basis and sales expenses · · · · · · · · · · · · · · · · · ·			1	
	ŀ) from sale of assets other than inventory (Subtract line 5b from line 5a) - •			5c	
	! _	•	fundraising events			30	
R	6						
e V	a	Gross incom					
e n	h		e from fundraising events (not including \$ of c	ontribution			
u e	0		sing events reported on line 1) (attach Schedule G if the	יטוונווטענוטו	15		
-			gross income and contributions exceeds \$15,000) · · · · · · · · 6b				
	c		expenses from gaming and fundraising events · · · · · · · · 6c			k	
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	nt		1	
	-					6d	
	7a	•	of inventory, less returns and allowances • • • • • • • • • 7a			- 00	
			goods sold · · · · · · · · · · · · · · · · · · ·		61,380		
			or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · ·			7c	(61,380)
	8		e (describe in Schedule O)			 	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·			8	892
	10		imilar amounts paid (list in Schedule O)			9	10,249
	11		to or for members · · · · · · · · · · · · · · · · · · ·			10	
E	12		er compensation, and employee benefits			11	
р			fees and other payments to independent contractors · · · · · · · · · · · · · · · · · · ·			12	<u> </u>
e n	13		ent, utilities, and maintenance • • • • • • • • • • • • • • • • • • •			13	650
s e	14 15		ent, utilities, and maintenance • • • • • • • • • • • • • • • • • • •			14	1,300
s	16		es (describe in Schedule O)			15	2,773
	17		es. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			16	2,833
	18					17	7,556
Α			flicit) for the year (Subtract line 17 from line 9)		• • • •	18	2,693
NS	19		fund balances at beginning of year (from line 27, column (A)) (must agree wi				
A NS e e t t			gure reported on prior year's return) • • • • • • • • • • • • • • • • • • •			19	2,226
t s		=	s in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20 · · · · · · ·	• • • • •	• • •	21	4,919

Check if the organization used Schedule O to respon	nd to any question in this Pa				······X
			inning of year	1	B) End of year
22 Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·		••••	3,036	22	4,110
23 Land and buildings · · · · · · · · · · · · · · · · · · ·			0	23	0
24 Other assets (describe in Schedule O) · · · · · · · · ·			759	24	809
25 Total assets · · · · · · · · · · · · · · · · · · ·		L	3,795	25	4,919
26 Total liabilities (describe in Schedule O) · · · · · · · ·			1,569	26	0
27 Net assets or fund balances (line 27 of column (B) must ag			2,226	27	4,919
Part III Statement of Program Service Accomp	and to any question in this P	art III • • • • •	· · · · · · · · · · · · · · · · · · ·		Expenses uired for section c)(3) and 501(c)(4)
What is the organization's primary exempt purpose? To raise					nizations and section
Describe what was achieved in carrying out the organization's exe			describe		(a)(1) trusts; optiona
the services provided, the number of persons benefited, and other		ch program title.		for ot	hers.)
28 Organize and conduct annual fundraiser to					
award to non-profit exempt organizations					
finding a cure for Duchenne's Muscular Dy					
(Grants \$) If this amoun	t includes foreign grants, ch	eck here · · · ·	$\cdots ightharpoonup igl $	28a	(
29					
(Grants \$) If this amoun	t includes foreign grants, ch	eck here · · ·	• • • • ▶	29a	
30					
					
					
(Grants \$) If this amount	t includes foreign grants, ch	eck here		30a	
31 Other program services (describe in Schedule O) · · · · ·				302	
	t includes foreign grants, ch			31a	
32 Total program service expenses (add lines 28a through 31a				32	
Part IV List of Officers, Directors, Trustees, and Key Em	13-4				
		n if not companent	od (coathaine	kruction	ne for Dart IV/
Check if the organization used Schedule O to respo	nd to any question in this P	art IV · · · · ·			• • • • • • • • • • • • • • • • • • • •
	(b) Title and average hours per week	art IV (c) Compensation (If not paid,	(d) Contribution	s to	(e) Expense account and
Check if the organization used Schedule O to respo	nd to any question in this Po (b) Title and average hours per week devoted to position	art IV (c) Compensation (If not paid, enter -0)	(d) Contribution	s to	(e) Expense
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm	nd to any question in this Po (b) Title and average hours per week devoted to position Vice President	art IV (c) Compensation (If not paid,	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Jennifer Dumm 1715 Bunker, North Royalton OH 44133	nd to any question in this Property (b) Title and average hours per week devoted to position Vice President 30	(c) Compensation (if not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 715 Bunker, North Royalton OH 44133 Tony Dumm	nd to any question in this Post (b) Title and average hours per week devoted to position Vice President 30 President	art IV (c) Compensation (If not paid, enter -0)	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 715 Bunker, North Royalton OH 44133 Tony Dumm 716 Bunker Road, North Royalton OH 44133	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 1715 Bunker, North Royalton OH 44133 Tony Dumm 1716 Bunker Road, North Royalton OH 44133 Linda Durica	nd to any question in this Post (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 715 Bunker, North Royalton OH 44133 Tony Dumm 716 Bunker Road, North Royalton OH 44133 Inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 7715 Bunker, North Royalton OH 44133 Tony Dumm 7716 Bunker Road, North Royalton OH 44133 Linda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 715 Bunker, North Royalton OH 44133 Tony Dumm 716 Bunker Road, North Royalton OH 44133 Inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 1715 Bunker, North Royalton OH 44133 Tony Dumm 1716 Bunker Road, North Royalton OH 44133 Linda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address Tennifer Dumm 715 Bunker, North Royalton OH 44133 Tony Dumm 716 Bunker Road, North Royalton OH 44133 Inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances
Check if the organization used Schedule O to respo (a) Name and address ennifer Dumm 715 Bunker, North Royalton OH 44133 ony Dumm 716 Bunker Road, North Royalton OH 44133 inda Durica	nd to any question in this Policy (b) Title and average hours per week devoted to position Vice President 30 President	(c) Compensation (If not paid, enter -0) STMA01	(d) Contribution	s to	(e) Expense account and other allowances

P	Other Information (Note the statement requirements in the instructions for Part V.)		······	
3.53	Check if the organization used Schedule O to respond to any question in this Part V			•
-			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 in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			585
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),		allowane Parking Co. 1 (1), 3	
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ► 37a			
b		37b	Parla Parla	Χ
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	W-184	- The C	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1500 COMP.	Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • 38b			21
39	Section 501(c)(7) organizations. Enter:			(4.7 š 7.5 s
а				
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			p.
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			adile. Jane
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	Startenia.	22007.4540	Paranto.
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		13773	
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	16 T		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	54-16-342 65-471-3		
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		500	
	transaction? If "Yes," complete Form 8886-T	40e	de 22/44/10ac 6	Х
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ▶ Jennifer Dumm Telephone no. ▶ 440-2	30-15	55	
	Located at ▶ 5715 Bunker North Royalton, OH ZIP+4 ▶ 4413	33		
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	ſ	Yes	No
	account)?	42b		Χ
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		Χ
	If "Yes," enter the name of the foreign country:		ط	
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			
	len-compliant-ord			
		Γ	Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a	30.00	Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	:- :::::::::::::::::::::::::::::::::::	Χ_
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	a is the life	4986WEFF

Form 9	990-EZ (2010)	John Owens i	Adventure I	nc			26-267	2169	}	age 4
								,	Yes	No
		zation a controlled entit					• • • • •	45	es es es	X
		receive any payment fr								
		12(b)(13)? If "Yes," Fo								
		structions) • • • • •					• • • • •	45a	1.00s	X
46 [Did the organization	engage, directly or indi	rectly, in political	campaign activities o	n behalf of or in oppo	osition		1		
t		lic office? If "Yes," cor						46		X
Part	VI Section 50	1(c)(3) organizati	ons and sec	tion 4947(a)(1) no	onexempt charit	table trusts	only. /	All sect	ion	
	501(c)(3) o	rganizations and s	ection 4947(a	a)(1) nonexempt c	haritable trusts m	nust answer	question	ns 47-4	9b	
*		d complete the tab								
	Check if the	e organization use	d Schedule O	to respond to any	question in this	Part VI · ·				•
									Yes	No
47 [Did the organization	engage in lobbying acti	vities? If "Yes,"	complete Schedule C	, Part il • • • • • •			47		
		school as described in						48		Х
		make any transfers to a						49a		
		ted organization a sect						49b		-
		or the organization's fiv								
	•	h received more than \$								
		<u> </u>		(b) Title and average	(c) Compensation	(d) Contribu		(e) E	xpense	
		of each employee paid more		hours per week devoted to position		employee bene deferred com			ount and	
	tnan	\$100,000		devoted to position	1	deletted confi	76113EUOT	Other e	anovvario	
ONE								1		
					 	 		 		
							İ			
					 	 				
					 	 				
				1						
					 	 				
f T	Total number of other	r employees paid over	\$100,000	· · · b				1		
		or the organization's fiv			ontractors who each	received more	than			
	* · · · · · · · · · · · · · · · · · · ·	sation from the organiza	-	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,			
		ss of each independent contra			(b) Type of	sen/ico	10	Compen	eation	
	(a) Name and addre	ss of each independent contra	scior paid more main	φ100,000	(b) Type of s	sei vice	1	, compen	301011	
IONE										
				······································			 			
					 					
				-	ļ					
·					 		+			
					<u></u>					
										——
d T	otal number of other	independent contracto	re each receivin	g over \$100 000						
		•		- '						
	ŭ	complete Schedule A?			()()		▶ F	77 14		
		trusts must attach a co						X Yes		No
		that I have examined this reta ation of preparer (other than o				ny knowledge and l	elief, it is			
		Total of Property (office trains		The man property						
		_			ı	1				
Sign		fer Dumm								
lere	Signature of					Date				
	B	fer Dumm, Vice	President		····					
		name and title								
	Print/Type prepa	rer's name	Preparer's sign	nature	Date	Check	'" }	TIN		
aid						self-empl	oyed			
repare	er Firm's name	>				Firm's EN				
se On	Ily Firm's address	<u> </u>				1				
						Phone no.				
lay the	IRS discuss this ret	urn with the preparer s	hown above? S	ee Instructions · · ·			• • • •	Yes	1	Vo.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

(A)

(B)

(C)

(D)

(E)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number Name of the organization 26-2672169 John Owens Adventure Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. b Type II c Type III-Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(i) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support governing document? col. (i) of your (i) organized in the above or IRC section (see instructions))

Yes

Yes

No

Yes

No

No

Part II Support Sci

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 or if the organization failed to qualify und

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			49,564	76,003	71,629	197,196
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·			49,564	76,003	71,629	197,196
5	The portion of total contributions by each		The Property of				
	person (other than a governmental unit or						
	publicly supported organization) included		PERSONAL PROPERTY.				
	on line 1 that exceeds 2% of the amount	100	表示		4.6		
	shown on line 11, column (f)	6.1					
6	Public support. Subtract line 5 from In 4						197,196
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · · ·			49,564	76,003	71,629	197,196
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						1
11	Total support. Add lines 7 through 10		16 July 1966				197,196
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6,		-		L-		0.00 %
15	Public support percentage from 2009 Sche				<u> </u>	15	%
16a	33 1/3% support test - 2010. If the organiz			•	•		
	and stop here. The organization qualifies a	s a publicly suppo	orted organization	• • • • • • • • •		• • • • • • • •	· · · · ▶X
b	33 1/3% support test - 2009. If the organiz			•		•	
	box and stop here. The organization qualif	es as a publicly s	upported organiza	ition • • • • • • •	• • • • • • • • •	• • • • • • • •	• • • • □
17a	10%-facts-and-circumstances test - 2010	. If the organization	on did not check a	box on line 13, 16a,	or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and <mark>stop h</mark> e	ere. Explain in Par	t IV how the	
	organization meets the "facts-and-circumsta	ances" test. The o	rganization qualifi	es as a publicly sup	ported organizatio	n • • • • • • •	▶
b	10%-facts-and-circumstances test - 2009	. If the organization	on did not check-a	bex on line 13, 16a,	16b, or 17a, and	line 15 is 10% or	Canada
	more, and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop he	re. Explain in Par	t IV how the	
	organization meets the "facts-and-circumsta						Notice and
8	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16	b, 17a, or 17b, checl	this box and see	instructions • • •	• • • • •

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

_	(* A.D.I.I.O. (
	ction A. Public Support endar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						-
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						
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · ·			·			
	Public support (Subtract line 7c from line 6.)	get			personal section of the section of t	e de la companya de l	
	ction B. Total Support			T			<u>r</u>
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				
C	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here						
	tion C. Computation of Public Su						
	Public support percentage for 2010 (line 8, c			(f)) · · · · ·		15	%
	Public support percentage from 2009 Sched		•			16	%
	tion D. Computation of Investmen					 	
	Investment income percentage for 2010 (line			column (f)) · · ·		17	%
18	Investment income percentage from 2009 S					18	%
19a	33 1/3% support tests - 2010. If the organiz 17 is not more than 33 1/3%, check this box	ation did not ched	k the box on line	l4, and line 15 is i	more than 33 1/3%		▶ □
b	33 1/3% support tests - 2009. If the organization 18 is not more than 33 1/3%, check this	zation did not ched	ck a box on line 14	or line 19a, and I	ine 16 is more thai	n 33 1/3%, and	3
20	Private Foundation: If the organization did	•					

	Federal Supporting Statements	2010 _{PG01}
Name(s) as shown on return		FEIN
John Owens Adve	nture Inc	26-2672169

Form 990EZ, Part IV Compensation Explanation Statement #A01

Name

Jennifer Dumm

Explanation

All labor is donated for the first 5 years the foundation is in operations.

PG01 Statement #A02

Form 990EZ, Part IV Compensation Explanation

Name

Tony Dumm

Explanation

All labor is donated for the first 5 years the foundation is in operations.

PG01 Statement #A03

Form 990EZ, Part IV Compensation Explanation

Name

Linda Durica

Explanation

Il labor is donated for the first 5 years the foundation is in operations.

990	Overflow Statement	2010 Page 1			
Name(s) as słown on return		FEIN			
John Owens Adventure	Inc	26-2672169			

Direct Public Support

Description										Amount
Gifts	in	Kind	and	goods	Individual	and	Business	Contribu	\$	70,737
								Total:	\$	70,737

Cost of goods Sold

Description	Amount				
Awards		\$	24,135		
Silent Auction raffle and tickets			30,767		
T shirts and Graphics			2,752		
Misc fundraising promotion for troops			28		
beverage and food for fundraisers			2,434		
supplies			1,264		
	Total:	\$	61,380		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Employer identification number

2010

Open to Public Inspection

26-2672169 John Owens Adventure Inc 01. Description of other revenue (Part I, line 8) Amount Description 892 Misc 02. Description of other expenses (Part I, line 16) Amount Description 1,245 storage 741 Supplies Bank service charge 14 Meeting 71 379 Marketing Computer supplies and software 183 200 State tax 03. Description of other assets (Part II, line 24) Beginning Category of Year End of Year 759 Organization costs 759 Promise to give 0 50 04. Description of total liabilities (Part II, line 26) Beginning Category of Year End of Year 1,569 ٥ N/P Dumm's 0

May 04, 2011

John Owens Adventure Inc %JOA Inc 5715 Bunker Road North Royalton, OH 44133

John Owens Adventure Inc:

Enclosed is the 2010 federal return for a tax-exempt organization, prepared for John Owens Adventure Inc from the information provided. This return will be electronically filed with the IRS once we receive a signed Form 8879-EO, IRS efile Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please do not hesitate to contact this office at .

Sincerely,