

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)

OMB No 1545-1150
2008
Open to Public Inspection

▶ 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.

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

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

C Name of organization
 Building Blocks Foundation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
 7577 Central Parke Blvd

City or town, state or country, and ZIP + 4
 Mason, OH 45040

D Employer identification number
 68-0535595

E Telephone number
 (513) 770-2900

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.bb4k.org

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

J Organization type (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 269,589

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year (combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>	17	Total expenses (add lines 10 through 16)		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe)				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				

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	63,675	32,843
23 Land and buildings		
24 Other assets (describe)	250	1,476
25 Total assets	63,925	34,319
26 Total liabilities (describe)	44,162	9,255
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,763	25,064

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Fund medical needs for children			
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			
28 51 Children were granted funds for medical needs (Grants \$ 171,047)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	171,047

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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		No
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		No
35	<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>		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		No
35b	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? <i>If "Yes," complete applicable parts of Schedule N</i>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<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
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The books are in care of ▶ <u>Dynette Clark</u> Telephone no ▶ <u>(513) 770-2900</u> 7577 Central Parke Blvd 110 Located at ▶ <u>Mason, OH</u> ZIP + 4 ▶ <u>45040</u>		
42b	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)? 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.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> 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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization(s) a section 527 organization?		No

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: 2009-05-11

Dynette Clark Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Anne C Zimmerman Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Zimmerman & Co CPAs Inc
1080 Nimitzview Dr 400
Cincinnati, OH 45230

Preparer's PTIN (See Gen Inst X): _____
EIN: _____
Phone no: (513) 624-3900

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

2008

**Open to Public
Inspection**

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.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
Building Blocks Foundation

Employer identification number

68-0535595

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
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	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 line 1-3						
5 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)						
6 Public Support subtract line 5 from line 4						

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						
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)						
11 Total Support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% 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% Test - 2007. 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 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 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,495	47,874	62,805	35,827	174,565	333,566
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	23,480	39,955	16,103	63,738	94,158	237,434
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
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total Add lines 1-5	35,975	87,829	78,908	99,565	268,723	571,000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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 Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						571,000

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	35,975	87,829	78,908	99,565	268,723	571,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
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						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total Support (Add lines 9, 10c, 11 and 12)						571,000
14 First Five Years 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 stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	100.000 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	100.000 %

Computation of Investment Income Percentage

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

- 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 any other additional information. (see instructions)

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization
Building Blocks Foundation

Employer identification number

68-0535595

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Golf Outing</u> (event type)	<u>5K Run</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	27,303	12,392		39,695
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	27,303	12,392		39,695
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	12,300			12,300
	7 Other direct expenses	5,600	2,971		8,571
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				20,871
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				18,824

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			54,463
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs			17,916	17,916
	5 Other direct expenses			12,595	12,595
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				30,511	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				23,952	

9 Enter the state(s) in which the organization operates gaming activities <u>OH</u>		Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b If "No," Explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b If "Yes," Explain			
11 Does the organization operate gaming activities with nonmembers?	11		No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	100 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Additional Data**Software ID:****Software Version:****EIN:** 68-0535595**Name:** Building Blocks Foundation**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
Robin Skiff 7577 Central Parke Blvd 110 Mason, OH 45040	Trustee 10 00	0		
Richard Goins 7577 Central Parke Blvd 100 Mason, OH 45040	Trustee 10 00	0		
Bridget Sempsrott 7577 Central Parke Blvd 110 Mason, OH 45040	Trustee 10 00	0		
Gregory Bee 7577 Central Parke Blvd 110 Mason, OH 45040	Trustee 10 00	0		
Melissa Donovan 7577 Central Parke Blvd 110 Mason, OH 45040	Treasurer 10 00	0		
Justin Conger 7577 Central Parke Blvd 110 Mason, OH 45040	Trustee 10 00	0		
Jenny Ensley 7577 Central Parke Blvd 110 Mason, OH 45040	Controller 15 00	0		
Dennison Keller 7577 Central Parke Blvd 110 Mason, OH 45040	Trustee 0	0		
Dynette Clark 7577 Central Parke Blvd 110 Mason, OH 45040	Executive Direc 25 00	15,450		

TY 2008 Grants and Similar Amounts Paid Schedule

Name: Building Blocks Foundation

EIN: 68-0535595

Software ID: 08000091

Software Version: 2008v2.6

Item No.	1
Class of Activity	Construction
Donee's Name	Nicholas Spencer
Donee's Address	5810 Meadow View Dr Mason, OH 45040
Amount (FMV)	39,047
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Caring
Donee's Name	Miranda Bowen
Donee's Address	PO Box 75071 Cincinnati, OH 45275
Amount (FMV)	31,340
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Therapy
Donee's Name	Noah Halpin
Donee's Address	4900 Dartmouth Dr Burlington, KY 41005
Amount (FMV)	3,875
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Therapy
Donee's Name	Peter Bolton
Donee's Address	29 Rye Ct Florence, KY 41042
Amount (FMV)	4,875
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Therapy
Donee's Name	Colette Bryant
Donee's Address	6387 Coachlight Way West Chester, OH 45069
Amount (FMV)	665
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	Therapy
Donee's Name	Cole Senior
Donee's Address	972 Hopewell Rd Felicity, OH 45120
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Hearing & Communication
Donee's Name	Philip Crowe
Donee's Address	1641 Beckelhymer Rd Moscow, OH 45153
Amount (FMV)	5,695
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Medical Equipment
Donee's Name	Joseph Tucker
Donee's Address	512 Kingsrun Dr Cincinnati, OH 45232
Amount (FMV)	1,250
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Construction
Donee's Name	Christopher Lley
Donee's Address	8669 Hollyhock Dr Cincinnati, OH 45231
Amount (FMV)	1,666
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Therapy
Donee's Name	Kayla Listerman
Donee's Address	9284 Burgess Dr Cincinnati, OH 45251
Amount (FMV)	1,516
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	Caring
Donee's Name	Chelsea Morris
Donee's Address	4727 Eastwood Ave Oxford, NC 27565
Amount (FMV)	517
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	Hearing & Communication
Donee's Name	Kayla Puckett
Donee's Address	688 Diamond Loop Middletown, OH 45044
Amount (FMV)	385
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	Medical Equipment
Donee's Name	Terrell Davis
Donee's Address	1440 West Kemper 1213 Cincinnati, OH 45240
Amount (FMV)	817
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	Mobility
Donee's Name	Stephen Garitson
Donee's Address	3603 Burbank Ave Cincinnati, OH 45044
Amount (FMV)	2,839
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	Mobility
Donee's Name	Ronnika Castletine
Donee's Address	315 S Main St Bethel, OH 45106
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	Mobility
Donee's Name	Noah Carrington
Donee's Address	3235 Old State Rd Mt Orab, OH 45154
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	Therapy
Donee's Name	Malia Paxton
Donee's Address	7341 Glenn Farms Dr West Chester, OH 45069
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	Caring
Donee's Name	MacKenzie Boyd
Donee's Address	516 Hunts Fork Dana, KY 41615
Amount (FMV)	4,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	Mobility
Donee's Name	Limea Hall
Donee's Address	6135 Joyce Lane Okeana, OH 45053
Amount (FMV)	3,975
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	Mobility
Donee's Name	Katyana Bready
Donee's Address	7981 Granville Ln Cincinnati, OH 45224
Amount (FMV)	1,331
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	Mobility
Donee's Name	Kathryn Curley
Donee's Address	134 Louise Dr Ft Mitchel, KY 41017
Amount (FMV)	1,460
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	Therapy
Donee's Name	Ian Murray
Donee's Address	3274 Spring Brook Dr Hamilton, OH 45011
Amount (FMV)	925
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	Caring
Donee's Name	William Mofield
Donee's Address	1102 Heatherstone Way Milford, OH 45150
Amount (FMV)	88
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	Caring
Donee's Name	Ethan Werner
Donee's Address	956 Dominion Ct Milford, OH 45150
Amount (FMV)	153
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	Therapy
Donee's Name	Emmett O'Loughlin
Donee's Address	1620 Peaslee Ave Cincinnati, OH 45224
Amount (FMV)	462
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	Caring
Donee's Name	Emmaline Reynolds
Donee's Address	7577 Central Park Blvd Mason, OH 45040
Amount (FMV)	4,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	Hearing & Communication
Donee's Name	Cameron Black
Donee's Address	6884 Beagle Dr Hamilton, OH 45011
Amount (FMV)	7,530
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	Canines for Kids
Donee's Name	Chloe Anderson
Donee's Address	4240 Verne Ave Cincinnati, OH 45209
Amount (FMV)	285
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	Mobility
Donee's Name	Samantha DeTetta
Donee's Address	5673 Cypress Way Milford, OH 45150
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	Therapy
Donee's Name	Christopher Bareswilt
Donee's Address	7709 Mitchell Park Dr Cleves, OH 45002
Amount (FMV)	312
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	Hearing & Communication
Donee's Name	Caleb Stevens
Donee's Address	5700 Crestview Dr Fairfield, OH 45014
Amount (FMV)	2,200
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	Medical Equipment
Donee's Name	Andrew Holmes
Donee's Address	724 Waverly Dr Hamilton, OH 45013
Amount (FMV)	1,037
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	Mobility
Donee's Name	Alexis Wischer
Donee's Address	9982 Prechtel Rd Cincinnati, OH 45252
Amount (FMV)	1,200
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	Hearing & Communication
Donee's Name	Delbert Witt
Donee's Address	136 Holly Cincinnati, OH 45140
Amount (FMV)	60
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	Therapy
Donee's Name	Garrett Verkamp
Donee's Address	1889 St Rte 2332 New Richmond, OH 45157
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	Mobility
Donee's Name	Lucas Vanscoy
Donee's Address	166 N Mulberry St Wilmington, OH 45177
Amount (FMV)	180
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	Caring
Donee's Name	Jonah Beeson
Donee's Address	2550 Concordgreen Dr Cincinnati, OH 45244
Amount (FMV)	937
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	Caring
Donee's Name	Jordan Reid
Donee's Address	4119 Hickory Trl Pl Hamilton, OH 45011
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	Caring
Donee's Name	Mason Bailey
Donee's Address	7365 Lawyer Rd Cincinnati, OH 45244
Amount (FMV)	1,133
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	Therapy
Donee's Name	Conner Leszka
Donee's Address	9 Bobwhite Amelia, OH 45107
Amount (FMV)	450
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	Hearing & Communication
Donee's Name	Bryce Harden
Donee's Address	7271 Glenn Moor Dr West Chester, OH 45069
Amount (FMV)	2,394
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	Caring
Donee's Name	Riley Herrera
Donee's Address	3955 El Rose Dr Helena, MT 59602
Amount (FMV)	197
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	Therapy
Donee's Name	Savannah Johnson
Donee's Address	6637 Ambar Ave Cincinnati, OH 45230
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	Mobility
Donee's Name	Tyler Goins
Donee's Address	402 Ashland Ave Wapakoneta, OH 45895
Amount (FMV)	3,240
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	Therapy
Donee's Name	Connor Perry
Donee's Address	408 Brigadier Ln Ft Wright, KY 41011
Amount (FMV)	3,742
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	Caring
Donee's Name	David Xu
Donee's Address	5583 Rosebrook Way Mason, OH 45040
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	Mobility
Donee's Name	Elaina Love
Donee's Address	331 Lakeview Dr Franklin, OH 45005
Amount (FMV)	1,196
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	48
Class of Activity	Therapy
Donee's Name	Grady Brandabur
Donee's Address	2773 Keystone Dr Cincinnati, OH 45230
Amount (FMV)	2,970
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	49
Class of Activity	Caring
Donee's Name	Wanda Brown
Donee's Address	909 Gretna Ln Cincinnati, OH 45240
Amount (FMV)	7,550
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	50
Class of Activity	Therapy
Donee's Name	Gabriel Bailey
Donee's Address	528 Lincoln Highlands Dr Corapolis, PA 15108
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	51
Class of Activity	Therapy
Donee's Name	Gabriel Vermillion
Donee's Address	6810 Merwin Ave Cincinnati, OH 45227
Amount (FMV)	1,203
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: Building Blocks Foundation

EIN: 68-0535595

Software ID: 08000091

Software Version: 2008v2.6

Description	Beginning of Year Amount	End of Year Amount
Deposit	250	1,000
Accounts Receivable		476

TY 2008 Other Expenses Schedule**Name:** Building Blocks Foundation**EIN:** 68-0535595**Software ID:** 08000091**Software Version:** 2008v2.6

Description	Amount
Website Development	923
Travel	105
Telephone	2,634
Supplies	364
Subscriptions	21
Office Expenses	324
Interest	2,118
Contract/Consulting	300

TY 2008 Other Liabilities Schedule

Name: Building Blocks Foundation

EIN: 68-0535595

Software ID: 08000091

Software Version: 2008v2.6

Description	Beginning of Year Amount	End of Year Amount
Payroll Liabilities	168	482
Grants Payable	40,000	2,335
Accounts Payable and Accrued Expenses	3,994	6,438