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
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

OMB No 1545-1150 2010

Open to Public Inspection

Form 990-EZ (2010)

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements 2010, and ending Α For the 2010 calendar year, or tax year beginning D Employer identification number B Check if applicable THE FREQUENT TRAVELER EDUCATION FOUND. Address change 27-3321457 8770 W. BRYN MAWR AVENUE #1300 Name change Ε Telephone number CHICAGO, IL 60631 Initial return (773) 867-8124 Terminated Amended return Group Exemption Number Application pending X Cash Other (specify) > Accounting Method: Accrual Check ► |X| if the organization is not required to attach Schedule B (Form Website: ► www.ftawards.com 990, 990-EZ, or 990-PF) X 501(c)(3) 4947(a)(1) or Tax-exempt status (ck only one) -501(c) () ◀ (insert no.) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶\$ 47,896. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I X Check if the organization used Schedule O to respond to any question in this Part i 41 ,734. Contributions, gifts, grants, and similar amounts received 2 6,162. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5 b b Less, cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c 6 Gaming and fundraising events R E V a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a R **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum RS-05 6b of such gross income and contributions exceeds \$15,000) 6 -2011 6с c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and OGGEN, UT 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 7b b Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe in Schedule O) 47,896. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 1,798. 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 44,578. 16 Other expenses (describe in Schedule O) See Schedule O 16 46,376. 17 Total expenses. Add lines 10 through 16 17 18 1,520. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 N S E S T E 0. 19 figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (explain in Schedule O) 1,520. Net assets or fund balances at end of year. Combine lines 18 through 20 21

BAA For Paperwork Reduction Act Notice, see the separate instructions.

	990-EZ (2010) THE FREQUENT TI		OUND.	27-	-332	1457 Page 2
Par	Balance Sheets. (see the in Check if the organization used Sch	structions for Part II.)	estion in this Part II			
	Check if the organization used Sci	leddie O to respond to any que	estion in this reacti	(A) Beginning of year	r	(B) End of year
22	Cash, savings, and investments	•		<u> </u>	22	1,520.
23	Land and buildings				23	
24	Other assets (describe in Schedule O))		24	
25	Total assets			0.		1,520.
	Total liabilities (describe in Schedule O)	0.	1	0.
	Net assets or fund balances (line 27 of			0.	27	1,520.
Par	t III Statement of Program Se				_	Expenses
	Check if the organization used S		uestion in this Part II	и <u>X</u>	(Requ	ured for section)(3) and 501(c)(4)
What	s the organization's primary exempt purpose? Se	e Schedule 0	acoc In a clear and		organ	izations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	f persons benefited, and other	relevant information	for each	4947(;	a)(1) trusts; optional ners)
	ram title. EDUCATION OF FREQUENT TR	AUELEDC			101 011	
28	EDUCATION OF EKEDOEMI IK	<u> </u>				
	(Grants \$) If t	his amount includes foreign gr	ants check here		28a	46,041.
29	70.01.00	no arrivarit iriolados (er olgir gr	arreg or restrict o			10,011.
_•						
	(Grants \$) If the	nis amount includes foreign gr	ants, check here	<u> </u>	29 a	
30						
		his amount includes foreign gr	ants, check here	-	30 a	
31	Other program services (describe in Sci	•			27 -	
32	(Grants \$) If the Total program service expenses (add line)	nis amount includes foreign gra	ants, check here	-	31 a	46,041.
	t IV List of Officers, Directors		plovees List each or	ne even if not compensated		
1 444	Check if the organization used S				(000 11	
		(b) Title and average hours	(c) Compensation (If (d) Contributions t		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0	employee benefit plans deferred compensati	s and	and other allowances
Ton	my Danielsen	President	(0.	0.	0.
87	0 W. Bryn Mawr, Suite 130	D) 1.00			- 1	
Chi	.cago, IL 60631					_
	ver Majumdar	Director		0.	0.	0.
	Lynden Glen Drive	1.00				
	Arbor, MI 48013	Wiss Descrident		<u> </u>	_	
V10	Chard Baum 10 N. Marine Drive	Vice President	l .	0.	0.	0.
	cago, IL 60613	-				
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Form	990-EZ (2010) THE FREQUENT TRAVELER EDUCATION FOUND. 27-332145			age 3
Par	t V Other Information (Note the statement requirements in the instructions for Part V.) See Scheck if the organization used Schedule O to respond to any question in this Part V	nedu]	e 0	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	Yes	No 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 0 (see instructions)	34		Х
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, explain in Schedule 0 why the organization did not report the income on Form 990-T		** 1111111	
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		-
	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			·
39	Section 501(c)(7) organizations. Enter			
	initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities N/A 39a N/A	4		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►			
t	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 reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
41	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 List the states with which a copy of this return is filed IL	40 e		Х
	The organization's books are in care of TOMMY DANIELSON Located at 8770 W. BRYN MAWR, SUITE 1300 CHICAGO IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	_ <u>378</u> -	-008 	3 <u>0</u>
•	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:	42b		X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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	42c	***************************************	Х
	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	ı	Yes	N/A N/A No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	162	X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
	Did the organization receive any payments for indoor tanning services during the year?	44 c		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	44 d		
BAA	TEEA0812L 02/18/11 Fc	rm 990)-EZ ((2010)

Form	990-EZ (2010)	THE FREQUENT TRAVE	LER EDUCATION F	OUND.	27-33214	157	P	age 4
							Yes	No
	•	ganization a controlled entity of	•	•	. , , ,	45		X
		tion receive any payment from (13)? If 'Yes,' Form 990 and S				45 a		X
46	Did the organizate candidates for pu	tion engage, directly or indirectible in the subject of the subjec	ctly, in political campaig Schedule C, Part I	n activities on behalf o	of or in opposition to	46		Х
Part	VI Section	501(c)(3) organization	s and section 4947	<mark>(a)(1) nonexempt</mark>	t charitable trusts only	. All se	ection	ī
	501(c)(3 47-49b	 organizations and secand 52, and complete tl 	ction 4947(a)(1) no ne tables for lines :	nexempt charitab 50 and 51.	ole trusts must answer	questic	ons	
		he organization used Schedul						
	011001(11-11	10 organization accar contact	o o to rospona to any a	accion in ano i are vi			Yes	No
47	Did the organizat	tion engage in lobbying activit	ies? If 'Yes,' complete S	Schedule C, Part II		47		Х
	-	on a school as described in se			edule E	48		X
		tion make any transfers to an		related organization?		49 a		_X_
		related organization a section	-			49b		
50	complete this tall employees) who	ole for the organization's five leach received more than \$10	highest compensated er 0,000 of compensation	mployees (other than o from the organization.	officers, directors, trustees ai If there is none, enter 'None	nd key :.'		
	•	ress of each employee paid than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense nt and owances	
Non	e		-					
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		other employees paid over \$1		dependent contractors	who cook received more the	on #100	000 04	:
	compensation fro	ole for the organization's five lom the organization. If there is	nightest compensated in s none, enter 'None '	dependent contractors	who each received more the	all \$100,	000 01	
 -		and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	1
Non	e							
		·						
			·-··					
d	Total number of	other independent contractors	each receiving over					
		tion complete Scheduté A? No						
		must attach a completed Scho						
true, c	correct, and complete	declare that have examined this return declaration of preparer (other than office	er) is based on all informa					
٥.	Signature	of officer						
Sigr Here	' 1/	y Danielsen						
,,,,,	 	print name and title						
	Print/Type pre	eparer's name	Preparer's signature					
Paid	Gary St		your st					
Prepa								
Use (JNIY Firm's addres							
May	the IRS discuss th	Naperville, IL nis return with the preparer sh						
BAA	และ แ เบ นเอเนอร แ	no retain with the preparer St	OMIT above: See IIIS					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE FREQUENT TRAVELER EDUCATION FOUND 27-3321457 Part | 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 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(bX1XAXiii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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.) X 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.) 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 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. 11 d | Type III - Other Type II 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 If the organization received a written determination from the IRS that 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 following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) A family member of a person described in (i) above? A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of support (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section organization in column (i) listed in the organization in column (i) of organization organization in column (i) organized in the (see instructions)) your support? your governing document? No No Yes No Yes Yes (A) (B) (C) (D) **(E)** Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					1.	
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it 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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		· ·				
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 activ	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pu					1	
	Public support percentage for 20	*	•	e 11, column (f))		14	<u> </u>
	Public support percentage from 2					L.	
16 a	a 33-1/3% support test — 2010. If the and stop here. The organization	ne organization d qualifies as a pul	lid not check the b blicly supported or	iox on line 13, and ganization	the line 14 is 33-	1/3% or more, chec	k this box
ŀ	33-1/3% support test — 2009. If the and stop here. The organization	ne organization o qualifies as a pul	lid not check a box olicly supported or	k on line 13 or 16a ganization	i, and line 15 is 33	I-1/3% or more, che	eck this box ►
17 8	n 10%-facts-and-circumstances tea or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstances	s' test, check this l	box and stop here	.Explain in Part IV	0% how ►
1	o 10%-facts-and-circumstances tea or more, and if the organization in organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstances test The organiz	s' test, check this lation qualifies as	box and stop here a publicly supporte	. Explain in Part IV ed organization .	how the
18		zation did not che	eck a box on line 1	3, 16a, 16b, 17a,			
BAA					Sc	chedule A (Form 99	0 or 990-EZ) 2010

Page 3

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

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

Calendar year of micral yr beginning 10	Seci	ion A. Public Support						
Sary Unbought great of facilities services performed, or facilities services performed that is related to the organization's services performed that is related to the organization of the services or observed that is related to the organization of the services or observed that is related to the organization of the services or observed that or expended on its behalf or septembed on its behalf or the services or opportunities of services or opportunities o	Calend	lar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Sary Unbought great of facilities services performed, or facilities services performed that is related to the organization's services performed that is related to the organization of the services or observed that is related to the organization of the services or observed that is related to the organization of the services or observed that or expended on its behalf or septembed on its behalf or the services or opportunities of services or opportunities o	1	Gifts, grants, contributions and membership fees						
2 Gross recepts from admissions, merchandise sold or services performed, or facilities received to the organization's tax-evering purposes 3 Gross recepts from activities that are not an unrelated trade to the organization's tax-evering purposes 4 Tax revenues leved for the organization's tax-evering purpose that are not an unrelated trade to the organization's services and the part of the organization's benefit and effer part for expended on the program of the progr		received (Do not include any 'unusual grants.')					41,734.	41,734.
services performed, or facilities sturnshed in any activity third is tax evempt purpose. Signose receipts from activates that are not an unrelated trade or trustness under section \$15 and any activity third is a considered trade or trustness under section \$15 and any activity the state of the section \$15 and any activity the state of the section \$15 and any activity the state of the section \$15 and any activity the state of the section \$15 and any activity the state of the section \$15 and any activity the state of the section \$15 and activity the section \$15 a		Gross receipts from admis-			_			
turnshed in any activity that is related to the organizations 6,162. 6,162. 3 Cross respect to make the organizations 6,162. 6,162. 3 Cross respect to make the organizations 6,162. 6,162. 3 Cross respect to make the organizations 6,162. 6,162. 3 Cross respect to make the organizations 6,162. 4 Tax revenues level for the organizations 6,162. 5 The value of services or facilities transhed by a programization without charge organization of which is a charge organization of which is a charge organization organization without charge organization without charge organization without charge organization organization without charge organization organization without charge organization organization organization organization without charge organization organizatio		sions, merchandise sold or						
3 Gross receipts from activities that are not an urrelated trade of 10 Luness under section \$13 or 10 Luness under \$10 Luness und		furnished in any activity that is						
3 Gross recepts from activities that are not an unrelated trade or business under section 518 of the either paid to or expended on 15 behalf or 15 b							6,162.	6,162.
or business under section 513 1 Tax revenues leved for the organization's benefit and either paid to or expended on either paid to ore expended on either paid to or expended on either paid to ore expended on either paid to ore expended on either paid to organization without charge 6 5 Total. Add lines 1 brough 5 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		Gross receipts from activities						
4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf of services or 1 to 1								l o.
### repart to or expended on its behalf in the value of services or its of the value of the val	4	Tax revenues levied for the						
Section B. Total Support Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Total Support hine Calendar year (or face) Section B. Total Support (Subtract hine Calendar year (or face) Section B. Section B								_
tacilities furnished by a governmental unit to the organization without charge governmental unit of the state of the property of the state of the property of the state	-	its behalf						0.
Section B. Total Support Cleardary ser/ for facility from line 6 0. 0. 0. 0. 0. 0. 0.	5	facilities furnished by a						
6 Total. Add lines I through 5 7a Amounts included on lines 1, 2, and 3 received from eight and the presence of the presence		governmental unit to the						0.
7a Amounts included on lines 1, 2, and 3 received from other than 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 (and the year) and the year (and year) and the year (and year) and year) and year (and year) and year (and year) and y	6	•	0.	0.	0.	0.	47,896.	
Description		Amounts included on lines 1,						, , , , , , , , , , , , , , , , , , , ,
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 2. Add lines 7a and 7b 3. Public support (Subtract line 7b them line 6) 3. Public support (Subtract line 7b them line 6) 3. Public support (Subtract line 7b them line 6) 3. Amounts from line 6 3. Amounts from line 10 4. Angel 6 4. Angel			0.	0.	0.	0.	0.	0.
disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	b							
excised the greater of \$5,000 or 1% of the amount on line 13 for the year of 1% of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 10 for the year of the properties of the prope								
to r the year		exceed the greater of \$5,000 or						
C Add Imes 7a and 7b			0.	0.	0.	0.	0.	0.
A	С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
Calendar year (or fiscal yr beginning in)	8	Public support (Subtract line 7c from line 6)						47,896.
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 10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 1 Net income from unrelated business attitutes not included in line 10b, whether on of the business is regularly carried on 12 Other income Do not include gain or loss from the sale of gapital assets (Explain in Part IV) 13 Total support, (Add line, 10a, 10a, 11a, 11a) 14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 Public support percentage from 2009 Schedule A, Part III, line 15 Section C. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 33-113% support tests — 2010. 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 line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	tion B. Total Support						
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dividends, payments received on securities loans, rents, royalities and income from similar sources but metabolic promotion of the programme o	9	Amounts from line 6	0.	0.	0.	0.	47,896.	47,896.
on securities loans, rents, royalities 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 loss from the sale of gain or loss from the sale of gain or loss from the sale of april assets (Explain in Part IV) 13 Total support. (Add line \$, 10c, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 15 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33-1/3% support tests – 2010. 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 line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly								
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Schedule #	(Form	990 or 9	90-EZ)	2010	THE	FRE	QUENT	TRA	VELE	R ED	UCAT	ION	FOU	ND.	2	<u>7-33</u>	<u> 2145</u>	7		Page 4
Part IV	Supp Part (See	olemen II, line instruc	tal Info 17a or ctions)	ormat r 17b;	and	Comp Part I	lete th	nis pa e 12	art to p Also d	orovic compl	le the ete th	exp ns p	lana art f	tions or any	requi y add	red b itiona	y Pai I info	rt II, Iir rmatio	ne 10 n.	0;
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer Identification number 27-3321457
THE FREQUENT TRAVELER EDUCATION FOUND.	27-3321437
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
TO PROVIDE EDUCATION TO FREQUENT TRAVELERS THAT THEY CAN USE TO	TWEEN THEIR
TRAVEL_EXPERIENCE	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	cts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	tly or
indirectly, on a personal benefit contract?	No
	·

Client FREQTRV THE FREQUENT TRAVELER EDUCATION 4/25/11 Form 990-EZ, Part I, Line 16 Other Expenses BANK CHARGES MEALS & ENTERTAINMENT Miscellaneous Program Expenses OFFICE EXPENSES SUPPLIES	\$ 222. 22,358. 8,602. 539.
Form 990-EZ, Part I, Line 16 Other Expenses BANK CHARGES MEALS & ENTERTAINMENT Miscellaneous Program Expenses OFFICE EXPENSES	\$ 222. 22,358.
Other Expenses BANK CHARGES MEALS & ENTERTAINMENT Miscellaneous Program Expenses OFFICE EXPENSES	22,358.
MEALS & ENTERTAINMENT Miscellaneous Program Expenses OFFICE EXPENSES	22,358.
	539. 12,857. Total \$ 44,578.