

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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service (77)

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 , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Doing Business As	D Employer identification number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number ()
		City or town, state or country, and ZIP + 4	G Enter gross receipts \$

F Name and address of Principal Officers

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list. (See instructions)

I Tax-exempt status: 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶

H(c) Group Exemption Number ▶

K Type of organization: Corporation trust association Other ▶

L Year of Formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: _____

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Enter the number of voting members of the governing body (Part VI, line 1a) **3** _____

4 Enter the number of independent voting members of the governing body (Part VI, line 1b) **4** _____

5 Enter the total number of employees (Part V, line 2a) **5** _____

6 Enter the total number of volunteers (estimate if necessary) **6** _____

7a Enter total gross unrelated business revenue from Part VIII, line 12, column (C) **7a** _____

b Enter net unrelated business taxable income from Form 990-T, line 34 **7b** _____

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, lines 3, 4, and 7d, column (A))		
11 Other revenue (Part VIII, lines 5, 6d, 8c, 9c, and 10c of column (A), and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, line 12, column (A))		
13 Grants and similar amounts paid (Part IX, lines 1–3, column (A))		
14 Benefits paid to or for members (Part IX, line 4, column (A))		
15 Salaries, other compensation, employee benefits (Part IX, lines 5–10, column (A))		
16a Professional fundraising fees (Part IX, line 11e, column (A))		
b (Enter total fundraising expenses, Part IX, line 25, column (D) _____)		
17 Other expenses (Part IX, lines 11a–11d, 11f–24f, column (A))		
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))		
19 Revenue less expenses—line 12 minus line 18		
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)		
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances, line 20 minus line 21		

Part II Signature Block

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ Preparer's PTIN (See Gen. Inst.) _____

EIN _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No