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Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

2007

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning

JUL 1, 2007

and ending JUN 30, 2008

B Check if applicable

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
DEPUTY SHERIFF'S ASSOCIATION, FOP-PRINCE GEORGES CO. SHERIFF'S LODGE #112

D Employer identification number

52-1878364

Number and street (or P.O. box if mail is not delivered to street address)
P.O. BOX 686

Room/suite

E Telephone number
(240) 455-2760City or town, state or country, and ZIP + 4
UPPER MARLBORO, MD 20773F Accounting method
 Cash Accrual
 Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► **WWW.DSA112MD.ORG**J Organization type (check only one) ► 501(c) (8) (insert no) 4947(a)(1) or 527K Check here ► if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **282,076.**

Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received:		
1a			
1b			
1c			
1d			
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)		0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)		
3	Membership dues and assessments		256,724.
4	Interest on savings and temporary cash investments		2,395.
5	Dividends and interest from securities		22,957.
6 a	Gross rents		
b	Less: rental expenses		
c	Net rental income or (loss). Subtract line 6b from line 6a		
6a			
6b			
6c			
7	Other investment income (describe ►)		7
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10 a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)		11
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		282,076.
13	Program services (from line 44, column (B))		13
14	Management and general (from line 44, column (C))		14
15	Fundraising (from line 44, column (D))		15
16	Payments to affiliates (attach schedule)		16
17	Total expenses. Add lines 16 and 44, column (A)		217,249.
18	Excess or (deficit) for the year. Subtract line 17 from line 12		18
19	Net assets or fund balances at beginning of year (from line 73, column (A))		64,827.
20	Other changes in net assets or fund balances (attach explanation)		174,334.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		0.
		RECEIVED NOV 30 2009 RJOSC 249	
		OGDEN, UT	

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12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

**Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	<u>23</u>			
24 Benefits paid to or for members (attach schedule)	<u>24</u>			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	<u>25a</u>	<u>11,800.</u>		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	<u>25b</u>	<u>0.</u>		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<u>25c</u>			
26 Salaries and wages of employees not included on lines 25a, b, and c	<u>26</u>			
27 Pension plan contributions not included on lines 25a, b, and c	<u>27</u>			
28 Employee benefits not included on lines 25a - 27	<u>28</u>			
29 Payroll taxes	<u>29</u>			
30 Professional fundraising fees	<u>30</u>			
31 Accounting fees	<u>31</u>	<u>1,600.</u>		
32 Legal fees	<u>32</u>	<u>64,907.</u>		
33 Supplies	<u>33</u>	<u>35,821.</u>		
34 Telephone	<u>34</u>	<u>1,486.</u>		
35 Postage and shipping	<u>35</u>	<u>87.</u>		
36 Occupancy	<u>36</u>	<u>3,150.</u>		
37 Equipment rental and maintenance	<u>37</u>			
38 Printing and publications	<u>38</u>			
39 Travel	<u>39</u>	<u>10,663.</u>		
40 Conferences, conventions, and meetings	<u>40</u>	<u>27,555.</u>		
41 Interest	<u>41</u>			
42 Depreciation, depletion, etc. (attach schedule)	<u>42</u>			
43 Other expenses not covered above (itemize)				
a	<u>43a</u>			
b	<u>43b</u>			
c	<u>43c</u>			
d	<u>43d</u>			
e	<u>43e</u>			
f	<u>43f</u>			
g SEE STATEMENT 1	<u>43g</u>	<u>60,180.</u>		
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<u>44</u>	<u>217,249.</u>		

Joint Costs. Check ► if you are following SOP 98-2.► Yes NoAre any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?
If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;
(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► TO ASSIST FELLOW OFFICERS IN VARIOUS AREAS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PROVIDE LEGAL FEES FOR MEMBER OFFICERS CHARGED ADMINISTRATIVELY	
_____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b PROVIDE DONATIONS TO OFFICERS, CIVILIANS, AND CIVILIAN ORGANIZATIONS	
_____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
_____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
_____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Form 990 (2007)

DEPUTY SHERIFF'S ASSOCIATION, FOP-

PRINCE GEORGES CO. SHERIFF'S LODGE #112

52-1878364 Page 4

Form 990 (2007)

Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
	45 Cash - non-interest-bearing	74,036.	45	127,325.
	46 Savings and temporary cash investments	100,298.	46	111,836.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
	56 Investments - other			56
	57 a Land, buildings, and equipment basis	57a		
	b Less accumulated depreciation	57b		57c
	58 Other assets, including program-related investments (describe ►)			58
	59 Total assets (must equal line 74). Add lines 45 through 58	174,334.	59	239,161.
	60 Accounts payable and accrued expenses			60
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ►)			65
	66 Total liabilities. Add lines 60 through 65	0.	66	0.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted			67
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	160,841.	71	160,841.
	72 Retained earnings, endowment, accumulated income, or other funds	13,493.	72	78,320.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	174,334.	73	239,161.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	174,334.	74	239,161.

Form 990 (2007)

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Current Officers, Directors, Trustees, and Key Employees (continued)

Yes **No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 1

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Other Information (See the instructions.)

Yes **No**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 | X

77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes

77 | X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a **xx**

22

80 a Is the organization related (other than by association with a statewide or nationwide organization) through membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? **N/A**

THE INFLUENCE OF CULTURE ON LANGUAGE

81 a Enter direct and indirect political expenditures (See line 81 instructions) **81a** _____ and check whether it is exempt or nonexempt

81b | | X

DEPUTY SHERIFF'S ASSOCIATION, FOP-

PRINCE GEORGES CO. SHERIFF'S LODGE #112

Form 990 (2007)

52-1878364

Page 8

Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a _____
 b _____
 c _____
 d _____
 e _____

f Medicare/Medicaid payments
 g Fees and contracts from government agencies
 94 Membership dues and assessments
 95 Interest on savings and temporary cash investments
 96 Dividends and interest from securities
 97 Net rental income or (loss) from real estate
 a debt-financed property
 b not debt-financed property
 98 Net rental income or (loss) from personal property
 99 Other investment income
 100 Gain or (loss) from sales of assets other than inventory
 101 Net income or (loss) from special events
 102 Gross profit or (loss) from sales of inventory
 103 Other revenue

a _____
 b _____
 c _____
 d _____
 e _____

104 Subtotal (add columns (B), (D), and (E))

0.

0.

282,076.

105 Total (add line 104, columns (B), (D), and (E))

0.

282,076.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No ▼ Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93- ALL INCOME PROVIDES FOR THE PAYMENT OF LIFE, SICK, ACCIDENT, OR OTHER
 103 BENEFITS TO THE MEMBERS OF THE FRATERNITY AND THEIR DEPENDENTS

Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest %	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form 990 (2007)

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

N/A

Yes	No

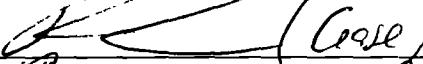
106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
Totals						

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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			Date
	► Signature of officer		Robert L. Gease	
	► Type or print name and title		President	
Paid Preparer's Use Only	Preparer's signature ►		Date 11/11/09	Check if self-employed ► <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. X) P00160098
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	MURPHY & MURPHY, CPA, LLC 108 LAGRANGE AVE LA PLATA, MD 20646	EIN ► 52-2138627	Phone no. ► (301) 609-7515

Form 990 (2007)

FORM 990	OTHER EXPENSES	STATEMENT	1	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AUTOMOBILE/GAS	386.			
BANK CHARGES	292.			
DUES	6,133.			
MEALS & ENTERTAINMENT	3,356.			
REGISTRATION				
FEES/RECREATION	8,769.			
REIMBURSEMENTS	2,051.			
STORAGE	925.			
FLOWERS	2,468.			
GIFTS	2,010.			
GREETING CARDS	169.			
DONATIONS/CONTRIBUTI NS	11,698.			
LOBBYING EXPENSE	12,500.			
PAC CONTRIBUTIONS	341.			
TRAINING	2,300.			
ALARM	199.			
SECURITY DEPOSITS	3,200.			
MISCELLANEOUS	3,383.			
TOTAL TO FM 990, LN 43	60,180.			

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
ROBERT CEASE 120 QUINN RD. GRASONVILLE, MD 21638	PRESIDENT 1.00	10,000.	0. 0.
STANFORD MOORE 6821 ASHLEY CROSSING CT. CAMP SPRINGS, MD 20748	FIRST VICE PRESIDENT 0.00	0.	0. 0.
WENDY TYLER 2680 HOLLAND CLIFFS RD. HUNTINGTOWN, MD 20639	PAST PRESIDENT 10.00	1,800.	0. 0.
JULIA MURPHY 2530 RICHFIELD LA CHESAPEAKE BEACH, MD 20732	SECRETARY 0.00	0.	0. 0.
RANDALL COOPER 7900 TWILIGHT CT OWINGS, MD 20736	TREASURER 0.00	0.	0. 0.
MARVIN ROBINSON 12611 SHOLTON ST UPPER MARLBORO, MD 20774	0.00	0.	0. 0.
JAMES SALLEY 7869 KINGS ARM CT PASADENA, MD 21122	0.00	0.	0. 0.
MYRON MATHIS 4400 WOODGATE WAY BOWIE, MD 20720	0.00	0.	0. 0.
MARIO ELLIS 10 APPLE DOWRE CT GERMANTOWN, MD 20876	0.00	0.	0. 0.
JEFFREY MURPHY 2530 RICHFIELD LA CHESAPEAKE BEACH, MD 20732	0.00	0.	0. 0.
SONJA MCGRIFF 6714 HALLECK ST DISTRICT HEIGHTS, MD 20747	0.00	0.	0. 0.

DEPUTY SHERIFF'S ASSOCIATION, FOP- PRINC

52-1878364

GERALD HENDERSON
1640 QUIMBY AVE
BELTSVILLE, MD 20705

0.00

0.

0.

0.

JAMES THANABOUTH
1444 QUILLEN CIRCLE
VALDORF, MD 20602

0.00

0.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

11,800.

0.

0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ► **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization DEPUTY SHERIFF'S ASSOCIATION, FOP-PRINCE GEORGES CO. SHERIFF'S LODGE #112	Employer identification number 52-1878364 For IRS use only
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 686	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions UPPER MARLBORO, MD 20773	

Check type of return to be filed (File a separate application for each return)

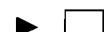
<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **ROBERT CEASE**

Telephone No. ► **(240) 455-2760**

FAX No ► _____



- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year **JUL 1, 2007**, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

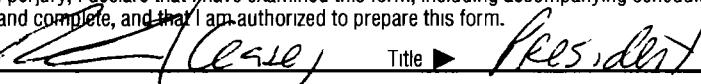
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO OBTAIN THIRD-PARTY INFORMATION.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$
			N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **President** Date ► **11-16-09**

Form 8868 (Rev. 4-2008)