

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 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 granulation may have to use a copy of this return to satisfy state proofung requirements.

OMB No 1545-1150



Section 501/6/37 organization and 987/6/11 organization and 987/6/11 organization for P O box 4 mail a not delivered to street address? Foreign Exemption 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 1537750 15377	Internal H	nt of the Treasury evenue Service the 2008 calend			as than \$2,500,000 a hay have to use a cop nning	y of this return to		ate repo	orting requiren	nents		nspectio
Answer chauge Same chauge							,,			D Emple	ver ident	
Number and steed for PC box, 4 mail s not delivered to street address Number and steed for PC box, 4 mail s not delivered to street address Number and steed for PC box, 4 mail s not delivered to street address Number and steed for PC box, 4 mail s not delivered to steed address Number and steed for PC box, 4 mail s not delivered to steed address Number and steed for PC box, 4 mail		• •	use IRS							i '	; ;	
Indicate learn Indicated elaun Indicated	Nam	e change				l is not delivered to	o street a	addroes	Room/suite		none nun	
Section 501cl(st) organizations and 4947(s)(t) inches/engt characteristic for the country and the section 501cl(st) organizations and 4947(s)(t) inches/engt characteristic for the country and the section 501cl(st) organizations and 4947(s)(t) inches/engt characteristic for the country and the section 508(s)(s) supporting organization and its gross receipts are normally not more than \$25,000. An inches/engt characteristic for the cryanization since it accepts and the section 508(s)(s) supporting organization and its gross receipts are normally not more than \$25,000. An increase organization chaoses to the are organization and its gross receipts are normally not more than \$25,000. An increase organization chaoses to the are organization and its gross receipts are normally not more than \$25,000. An increase organization chaoses to the are organization and its gross receipts. If \$1,000,000 or more, the Form \$90 instead of Form \$90-EZ \simple \$1. Add those \$5, 60, and \$70, to laine \$10 determine gross receipts, if \$1,000,000 or more, the Form \$90 instead of Form \$90-EZ \simple \$1. Contributions, gifts, grants, and similar amounts received. 1			type.		•		O Street B	.uui 033	1100mbsdile	/	1	11001
Section 501(c)(C) organizations and 4931(c)(f) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: H Check I fithe organization is and 4931(c)(f) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: H Check I fithe organization is and 4931(c)(f) nonexempt organization is a completed Schedule A (Form 990 or 990-EZ). Website: H Check I fithe organization is not a section 595(k)(I) supporting organization and its gross recepts are normally not more than \$25,000. An not required, but if the organization is not a section 595(k)(I) supporting organization and its gross recepts are normally not more than \$25,000. An not required, but if the organization is not a section 595(k)(I) supporting organization and its gross recepts are normally not more than \$25,000. An not required, but if the organization is not a section 595(k)(I) supporting organization and its gross recepts are normally not more than \$25,000. An not required, but if the organization is not a section 595(k)(I) supporting organization and its gross recepts are normally not more than \$25,000. An not required, but if the organization is not a section 595(k)(I) supporting organization and its gross are normally not more than \$25,000. An not required, but its gross are normally not more than \$25,000. An not required to the section of the	=) + 1			L			
Section 5016(3) organizations and 4947(a)(1) nonexampt charitable trusts must attach of the report of the completed Schedule A (Form 990 or 990-EZ). Website: ▶ Website: ▶ Grantization type (check only one) ─ Ø 501(c)				-	-	T 4						
Website:	• Se	ection 501(c)(3)	•	•	• •		must at	tach	1	ounting me	thod: [
Creenization type (check only one)	ı Wel	osite: ►							H Chec	k ▶ 🔽	ıf the or	
not required, but if the organization chooses to file a return, be sure to file a complete return Add lines \$b, 6b, and 7b, to time 9 to determining gross recepts, \$1,500,000 or more, (life Form 990-EZ ► \$ 17 Part Revenue, Expenses, and Changes in Net Asset Receive Part	J Orga	anization type (check or	ily one) – 🛭 501(c	e) () ∢ (înseπ no) [] 4947(a)(1) or [527				
Revenue, Expenses, and Changes in Net Asset Interinal Expenses Service to Contributions, grits, grants, and similar amounts received. 1 Contributions, grits, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than fundral sales expenses. 6 Special events and activities (complete applicable parts of Schedule (8). If any amount is from gaming, check here. 6 Special events and activities (Subtract line of the from line 6a). 7 Gross revenue (nos) from special events and activities (Subtract line of the from line 6a). 8 Other revenue (describe. 1 Net Hall rental, coin machine. 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule). 10 Grants and similar amounts paid (attach schedule). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 14 Separate (describe.) 15 Printing, publications, postage, and shipping. 16 Other expenses (describe.) 17 See Attached Statement. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or fund balances at the option year's return). 20 Other changes in net assets or fund balances (attach explanation). 21 Description of the year (Subtract line 17 from line 27, column (A)) (must agree wi	not r	equired, but if the	e organi	zation chooses to	file a return, be sur	e to file a comple	ete returr	n				
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 6 Special events and activities (Subtract line B) from line 6a) 6 Coross reported on line 1) 6 Less: clirect expenses other than fundraising expenses 6 Net income or (loss) from special events and activities (Subtract line B) from line 6a) 7 Gross sales of inventory, less returns and allowances 7 Refores sales of inventory (Subtract line 7b from line 6a) 7 Gross substitutions of inventory (Subtract line 7b from line 7a) 7 Coross substitutions of inventory (Subtract line 7b from line 7a) 7 Coross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Coross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Coross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Salaries, other compensation, and employee benefits 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe Perport on prior year's return) 17 Total expenses. Add lines 10 through 16 18 Printing publications, postage, and ship												
2 Program service revenue including government fees and contracts MAR 1 5 2010 3 Investment Income Inves	L'art.									MAGRE		r Part I.)
Membership dues and assessments MAR	1							CEI	VED -			
5a Gross amount from sale of assets other than inventory b Less. cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract line and the sale of sales of sales of sales to sher than inventory (Subtract line and the sale of sales of sales) in a sale of sales of inventory (Subtract line 6). 5c Special events and activities (Subtract line 6) in an amount is from gaming, check here propried on line 1) 6a Special events and activities (Subtract line 6) in a gaming, check here propried on line 1) 6a Special events and activities (Subtract line 6) in a gaming, check here propried on line 1) 6b Less: cost of goods sold of the sales of inventory (Subtract line 6) in a gaming, check here propried on line 1) 6c Cost of goods sold of the sales of inventory (Subtract line 6) from line 6a) 6c Cost of goods sold of the sales of inventory (Subtract line 7b from line 6a) 6c Cost of goods sold of goods sold of the sales of inventory (Subtract line 7b from line 7a) 6c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 6d Other revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Cost of goods sold of goods	±	2 Program s	ervice r	evenue including	government fee	s and contract	ts					
b Less, cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract line Carding) line Students (Subtract) c Gam or (loss) from sale of assets other than inventory (Subtract line Carding) line Students (Subtract) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross sales of inventory, less returns and allowances 7a 153,778 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 6 8 Other revenue (describe Net Hall rental, coin machine 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 Corporation of the sales of inventory (Subtract line 7b from line 7a) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe New See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) (See the instructions for Part II.) See Note 1 Cash, savings, and investments 20 Cher changes in net assets or fund balances (attach explanation) (See the instructions for Part II.) See Note 2 Net assets or fund balances for Combine lines 18 through 20 21 Net assets or fund balances are of oryear Combine lines 18 through 20 Cash, savings, and investments 22 Cash, sa	₩:	3 Membersh	ip dues	and assessmen	ts		·MAR	? 1 8	§ 2010 ·			
b Less. cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line (Proping) line \$35,044ed), \$074otule)\$. Special events and activities (complete applicable parts of Schedule (). If any amount is from gaining, check here □ a Gross revenue (not including \$	4	4 investmen	Lincom	е				•			4	
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► Net Hall rental, coin machine 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.												
Ta Gross sales of inventory, less returns and allowances Ta 153,778 70 72,972		b Less. cost	or othe	er basis and sale	s expenses .	, · · · · · · · T	errite	ry Cli	eveland 2			
Ta Gross sales of inventory, less returns and allowances Ta 153,778 70 72,972	<u>a</u>										56	
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Total revenue (describe ► Net Hall rental, coin machine Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Net assets or fund balances at end of year. Combine lines 18 through 20 23 Lead and buildings 24 The assets of the lines 10 through investment 25 Logans, savings, and investments 26 Total calculations for Part II.) 27 See the instructions for Part II.) 28 Total calculations (describe ► Inventory/investment 29 Total assets 20 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 21 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 28 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 29 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 21 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 29 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 20 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 21 Total calculations for fund balances (line 27 of column (B) must agree with line 21) 21 Total calculations		•				•	-	aming,	check here	▶ ∐		
Ta Gross sales of inventory, less returns and allowances Ta 153,778 70 72,972								6-			7	
Ta Gross sales of inventory, less returns and allowances Ta 153,778 70 72,972	9	•		-								
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► Net Hall rental, coin machine 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	Ž								!! C-\		6-	
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Other revenue (describe Net Hall rental, coin machine 7	Ž,							_ 1	line 6a) .		60	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► Net Hall rental. coin machine 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Net assets or fund balances at end of year. Combine lines 18 through 20. 23 Cash, savings, and investments 24 Ose the instructions for Part II.) See Note 25 Cash, savings, and investments 26 Total challities (describe ► Inventory/investment 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total challities (describe ► Inventory/investment 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total challities (describe ► Inventory/investment 20 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20 Total challities (describe ► Inventory/investment 21 Professors or fund balances (line 27 of column (B) must agree with line 21) 20 Total challities (describe ► Inventory/investment 21 Professors or fund balances (line 27 of column (B) must agree with line 21) 22 Form 990-Expressors or fund balances (line 27 of column (B) must agree with line 21) 23 Form 990-Expressors or fund balances (line 27 of column (B) mus							· · ⊢				{	
8 Other revenue (describe ► Net Hall rental, coin machine 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Ash, savings, and investments 23 And and buildings 24 Other changes in net assets or fund balances (attach explanation) 25 Cash, savings, and investments 26 And and buildings 27 Other changes in hinter the instructions for Part II.) 28 Other assets (describe ► Inventory/investment 29 Other changes in hinter the instructions for Part III.) 29 Other changes in hinter the instruction for Form 990. 20 Other changes in hinter the instruction for Form 990. 21 Other changes in hinter the instruction for Form 990. 22 Other passets (describe ► Inventory/investment) 23 Other changes in hinter the instruction for Form 990. 20 Other changes in hinter the instruction for Form 990. 21 Other changes in hinter the instruction for Form 990. 22 Other changes in hinter the instruction for Form 990. 23 Other changes in hinter the instruction for Form 990. 24 Other changes in hinter the instruction for Form 990. 25 Other changes in hinter the instruction for Form 990. 26 Other changes in hinter the instruction for Form 990. 27 Other chang	95		-				–			12,912		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Net assets of balances at end of year. Combine lines 18 through 20 23 Cash, savings, and investments 24 Cash, savings, and investments 25 Cash, savings, and investments 26 Total cashilities (describe Inventory/investment 27 Net assets (describe Inventory/investment 28 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20 Total oblitities (describe Form 990-E]	c Gross prof	fit or (lo	ss) from sales of	inventory (Subti	ract line 7b from	m line 7	7a)				
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Net assets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 (See the instructions for Part II.) See Note 21 (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 (a) Beginning of year (B) End of year 24 Other assets (describe ▶ Inventory/investment 25 Online assets 26 Total obilities (describe ▶ Inventory/investment 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total obilities (describe ▶ Inventory/investment Porm 990. Cat No 10642 29 Form 990-E	1	8 Other reve	enue (de	scribe Net F	4 Fo Go Zo on	nacnine			 _			
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe See Attached Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Patrill Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990- (See the instructions for Part II.) See Note (A) Beginning of year (B) End of year (B) End of year assets (describe Inventory/investment) 25 Other assets (describe Inventory/investment) 26 Total assets (describe Inventory/investment) 27 Net assets (describe Inventory/investment) 28 Total assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-E	_										 	
Salaries, other compensation, and employee benefits 12												
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9). Net assets or fund balances at beginning of year (from lines 18 through 20 Other changes in net assets or fund balances (attach explanation). Cash, savings, and investments Gee the instructions for Part II.) See the instructions for Part III.) For ivacy for and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat No 106421 Form 990-Expersive in this indicate in the instruction for Form 990. Cat No 106421 Form 990-Expersive in the instruction for Form 990. Cat No 106421 Form 990-Expersive in the instruction for Form 990. Cat No 106421 Form 990-Expersive in the instruction for Form 990. Cat No 106421 Form 990-Expersive in the instruction for Form 990. Cat No 106421 Form 990-Expersive in the instruction for Form 990. Cat No 106421 Form 990-Expersive in the instruction for Form 990.												
16 Other expenses (describe > See Attached Statement) 16 17 18 17 18 18 18 19 18 18 19 19	Se 1:			•					-			
16 Other expenses (describe > See Attached Statement) 16 17 18 17 18 18 18 19 18 18 19 19	ii 1:				•							
16 Other expenses (describe > See Attached Statement) 16 17 18 17 18 18 18 19 18 18 19 19	. 문 1	•	-									
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22	1 1								<i></i>			
18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22	l l											
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). 20 Other changes in net assets or fund balances (attach explanation)											 	
Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 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- (See the instructions for Part II.) Cash, savings, and investments 22 Cash, savings, and investments 23 Cand and buildings 24 Cash assets (describe Inventory/investment 25 Cash assets Cash assets Cash buildings 26 Cash buildings 27 Cash assets Cash buildings Cash assets Cash buildings Cash assets Cash buildings Cash buil	သို့ 1		•	•							18	
Other changes in net assets or fund balances (attach explanation)	3S 1											
Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990- (See the instructions for Part II.) See Note (B) End of year (B) End of year (Cash, savings, and investments (Cash, savings, and investment	T A											
Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990- (See the instructions for Part II.) See Note (B) End of year (B) End of year (Cash, savings, and investments (Cash, savings, and investment	<u>ğ</u> 2											
(See the instructions for Part II.) See NoTe												
Cash, savings, and investments 22 28 Cand and buildings 24 Context assets (describe ► Inventory/investment 25 Context assets 26 Total debilities (describe ► 25 12 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Form 990-Expression of the column (B) must agree with line 21) 29 Cat No 106421 20 Cat No 106421 20 Cat No 106421 21 Cat No 106421 22 Cat No 106421 23 Cat No 106421 24 Cat No 106421 25 Cat No 106421 26 Cat No 106421 27 Cat No 106421	THE REAL PROPERTY.	m parance										
23 24 25 ther assets (describe ► Inventory/investment) 24 25 25 12 25 25 12 26 25 25 12 26 25 25 25 25 25 25 25 25 25 25 25 25 25	8 B									againing of		
24												
25 Optobassets	200, 4	and and buildi	ings .	- Inventordin					•			
Total describe ►	24	r assets (d										
Total	25	atmassets .							.			1
For 5 ivacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat No 106421 Form 990-Ex	2 6 ₹	oral Cabilities	(describ	oe >	of column (D)	et agrae with	line Oth)			
For Divacy act and Paperwork Reduction Act Notice, see the instruction for Form 990. Cat No 10642)	<u> </u>	et/assets or	tuna ba	nances (ime 27 (or column (b) mi	ist agree with	III 21)	<u> </u>			27	
TNE G	For	vacy actiond P	aperwoi	rk Heauction Act	Notice, see the In	struction for FC	orm 990.	•	Cat N	106421	7	Form 990-E
1 NE Q	. '	2 省条								•	Y 1/1/2	51,
	<u>م</u> ک	> 64									1 / NC	10
	¥ <u>,</u>	0										4

Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses						
What is the organization's primary exempt purpose? 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 N/A						
(Grants \$) If this amount incl				28a		
N/A (Grants \$) If this amount incl		29a				
30 N/A						
(Grants \$) If this amount incl 31 Other program services (attach schedule)	<u>.</u> ▶ □	30a				
(Grants \$) If this amount incl 32 Total program service expenses (add lines 28a th	udes foreign grants, check prough 31a)	here	<u>. ▶ □</u>	31a 32		
Parally List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins		ins 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) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances	
John Aquirre 706 S St Clair St. Toledo. Oh 43609	President	-0-				
Richard At 706 S St Clair St, Toledo, Oh 43609	Vice President	-0-				
Lupe Ouzman 706 S St Clair St Toledo, Oh 43609	Treasurer	-0-				
Dora Parler 706 S St Clair St, Toledo. Oh 43609	Recording Secretary	-0-				
					<u> </u>	
						
	-					

	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	33		1
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	34		1
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, attach a statement explaining your reason for not reporting the income on Form 990-T.		l	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a]			
	Did the organization file Form 1120-POL for this year?	37b		1
	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?	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	_		
39	Section 501(c)(7) organizations. Enter		`	
	Initiation fees and capital contributions included on line 9	4	`	
	Gross receipts, included on line 9, for public use of club facilities	-	ì	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			ا
b	Section 501(c)(3) and (4) organizations. 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? If "Yes," complete Schedule L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶			``
е	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	40e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Treasurer Located at ▶ 706 S St Clair St Toledo, Oh ZIP + 4 ▶) 43609	2432	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<u> </u>	Yes	No
	account)?	42b		├ ✓
	If "Yes," enter the name of the foreign country: ▶		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Van	No
	Dut the association maintain any depart advised funded if "Ves " Come 000 must be associated to trade		168	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	·	1
1E	Form 990-EZ		†	†
45	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
_				

Form	990-£7,2008)						Page 4
	Section 501(c)(3) organizations only and complete the tables for lines 50 a	v. All section 501(c)(3) o	rganız	ations mu	st answer questi	ons 46–4	
46	Did the organization engage in direct or indirect p	political campaign activities				46 Ye	s No
47 48							
49a	a Did the organization make any transfers to an exempt non-charitable related organization?						
50	Complete this table for the five highest compensate each received more than \$100,000 of compensate	ated employees (other that ion from the organization.	n office If there	ers, director e is none, e	s, trustees and key nter "None"	y employe	es) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week dovoted to position	(c) C	ompensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and
N/A							
			<u> </u>	,			
			-				
			-	ma ·			
Tota	I number of other employees paid over \$100,000 ▶						
51	Complete this table for the five highest compensation from the organization. If there is no		ors wh	o each rece	eived more than \$1	100,000 of	
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Comper	sation
N/A							
						-	
				. <u></u>		· · · · · ·	
Tota	I number of other independent contractors each re	eceiving over \$100,000 .	. ▶				
	Under penalties of perjury, I declare that I have examinand belief it is true, correct and complete. Declarate	ned this return, including accomp	anying s	schedules and ed on all infor	statements, and to the nation of which prepare	best of my ki er has any ki	nowledge nowledge
Sigr Her	Signature of officer DARA PARKÉR	149-466-36	13		Dete 3 -/	5-10	

Date

Type or print name and title.

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Paid Preparer's

Use Only

U

Check if Self-self-employed ► 2842-258 C

Phone no. ▶ (

EIN

Preparer's Identifying Number (See instructions)

.► ☐ Yes ☐ No Form 990-EZ (2008) Latinos Unitos of Toledo Schedule of Expenses 2008 Form 990EZ

34-1537750

Form 990EZ, line16,Other Expenses

Bank Charges	751.89
Band & DJ	1,375.00
Contributions	720.88
Dues & Subscriptions	1,443.63
Janitorial	3,000.00
License, Permits, Fees	969.00
Miscellaneous	731.00
Office Supplies & Expense	1,700.78
Scholarship	2,000.00
Security	3,410.30
Social Activities	6,371.49
Payroll taxes	5,292.34

Total 27,766.31

Note #1 Part II Numbers are estimated pending completion of the 2006 and 2007 990 tax return

MA