

# 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



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public

Department of the Treasury

12	nterna	al Revenu	e service The organization may have to use a copy of this return to satisfy state in	reporting requirements.	inspection
	A F	or the	2008 calendar year, or tax year beginning $$ JUL $1$ , $2008$ and ending $$ J	<u>JUN 30, 2009</u>	
E	3 cı	neck if	Please C Name of organization	D Employer identific	cation number
	ap	plicable	use IRS RESOURCE CONNECTIONS OF PRINCE GEORGE'S	' '	
	$\Box$	Address change	label or COLINIAN TAIC		
	౼	Name	h.m.	1 04-3	758711
	는	change  Initial	Doing Business As		
	늗	]return ]Termin-	See Specific A F So The Property of the Specific A F So The Proper	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	ation Amende	Instruct 4550 FORBES BOULEVARD 120	(301	)-429-9300
	느	Jreturn	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>3,711,659.</u>
	L	Applica- tion pending	LANHAM, MD 20706	H(a) is this a group re	
		pending	F Name and address of principal officer BEA RODGERS	for affiliates?	Yes X No
_			SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
	l Ta	ах∙ехег	npt status X 501(c) ( 3	If "No," attach a	list. (see instructions)
	J W	/ebsite	▶ WWW.RCPGC.ORG	H(c) Group exemption	n number
					State of legal domicile: MD
	Pa		Summary		
_			riefly describe the organization's mission or most significant activities: ASSIST INI	DIVIDUALS WI	TH TH
D FEB 2 @ 2010	<sub>ဆို</sub> မှု		NTELLECTUAL AND DEVELOPMENTAL DISABILITIES WH		
Š	<u>5</u>		heck this box In the organization discontinued its operations or disposed of more		
•	Š		umber of voting members of the governing body (Part VI, line 1a)	3	
<b>63</b>	"ဗိ		umber of independent voting members of the governing body (Part VI, line 1b)	4	19
~	مخ د		otal number of employees (Part V, line 2a)	5	78
FEB	Ë			<del></del>	5
1_	[≩		otal number of volunteers (estimate if necessary)	6	
	٩		otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
쏒-	$\dashv$	<b>D</b> N	et unrelated business taxable income from Form 990-T, line 34	7b	0.
SCANNED				Prior Year	Current Year
≪	9		ontributions and grants (Part VIII, line 1h)	16,712.	35,295.
8	Revenue		rogram service revenue (Part VIII, line 2g)	3,040,064.	3,656,520.
90	è		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	20,605.	4,870.
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,238.	4,841.
_		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,081,619.	3,701,526.
		<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	3,131.	42,105.
		<b>14</b> B	enefits paid to or for members (Part IX, column (A), line 4)		
	es	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,480,329.	<u>2,842,976.</u>
	Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		
	×	b T	otal fundraising expenses (Part IX, column (D), line 25)		·
	ш	<b>17</b> C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	604,489.	<u>706,773.</u>
		18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,087,949.	3,591,854.
_		<b>19</b> R	evenue less expenses. Subtract line 18 from line 12	-6,330.	109,672.
;	ces		= WED 10	Beginning of Year	End of Year
-	alan	20 T	otal assets (Part X, line 16)	549,444.	701,139.
	88	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	166,029.	208,052.
•	Net Assets or Fund Balances	22 N	et assets or fund balances Subtract line 23-ftom fire 20	383,415.	493,087.
		rt II	Signature Block		
_			otal assets (Part X, line 16)  otal liabilities (Part X, line 26)  et assets or fund balances Subtract line 23 from line 20  Signature Block  Under penalties of perjury, I declare that I have examined this return, noticing accompanying schedules and statements, and complete Declaration of preparer (other than officer) is based of all matrices of which preparer has any knowledge	and to the best of my knowledg	ge and belief, it is true, correct,
		'	and complete Declaration of preparer (other than object) is pased on all material of which preparer has any knowledge		
9	Sign	, I	Bestein Koles	2/3/1	7
	Here	1.1	Signature of officer	Date	<del>-</del>
•		_   <sub> </sub>	BEA RODGERS, EXECUTIVE DIRECTOR		
			Type or print name and title		
-			Preparer's Date Ch		r's identifying number
	Paid		Sel Sel	lf- nployed ▶ [] (see ins	tructions)
		arer's 📊	irm's name (or MILLEN SONDBERG WIMBISH & STONE DE		
ι	Jse (		rours if 2553 HOUSLEY ROAD, SUITE 200		
			ANNAPOLIS, MD 21401-6751	Phone no 🕨 /	410)224-4920
-	May		6 discuss this return with the preparer shown above? (see instructions)	i none no.	X Yes No
<u></u>	· ray	THE HAY	discuss this retain with the preparer shown above. (see instituctions)	<del></del>	LALITES LINO

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Part IV Checklist of Required Schedul	es

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X_	·
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	1		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		v	
40	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	v
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the U.S.?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			Λ
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		_X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			7,
00	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 Form	990 (2	_X
		r-onn	J 30 ()	(۲۰۰۵

Form 990 (2008)

COUNTY, INC.

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Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	1		1
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			ĺ
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			l
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ĺ	ĺ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ı
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

		<u>711</u>	_ P	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
	•		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c		Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	Statements Regarding Other IRS Filings and Tax Compliance  or the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of Information Returns Enter -0- if not applicable or the number of Forms W-2G included in line 1a. Enter -0- if not applicable the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming nbing) winnings to prize winners?  or the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendar year ending with or within the year covered by this return least one is reported on line 2a, did the organization file all required federal employment tax returns? a., if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? es, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a notical account in a foreign country (such as a bank account, securities account, or other financial account)?  es," enter the name of the foreign country:  the organization a party to a prohibited tax shelter transaction at any time during the tax year?  any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  es," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Shelter Transaction?  the organization solicit any contributions that were not tax deductible?  es," did the organization include with every solicitation an express statement that such contributions or gifts  enot atx deductible?  es," did the organization notify the donor of the value of the goods or services provided?  the organization flexibility of the organization flexibility of the organization of the wallow of the goods or services						
	statements Regarding Other IRS Filings and Tax Compliance  er the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of Information Returns Enter -0- if not applicable are the number of Forms W-2G included in line 1a. Enter -0- if not applicable the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming hiling) winnings to prize winners? er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. If or the calendar year ending with or within the year covered by this return least one is reported on line 2a, did the organization file all required federal employment tax returns? e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? fes, "has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nicial account in a foreign country (such as a bank account, securities account, or other financial account)? fes," inter the name of the foreign country.  es, "enter the name of the foreign country.  fes," inter the name of the foreign country.  fes," to question 5a or 5b, did the organization have an interest in, or a signature or other authority over, a noral taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Shelter Transaction?  fes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Shelter Transaction include with every solicitation an express statement that such contributions or gifts ento tax deductible?  fes," did the organization include with every solicitation an express statement that such contributions or gifts enot tax deductible?  fes," did the organization of the value of th		x				
		За		Х			
		3b					
		4a		х			
	· · · · · · · · · · · · · · · · · · ·						
	,			l			
		5a		х			
		5b		Х			
	· · · · · · · · · · · · · · · · · · ·	5c					
6a	Did the organization solicit any contributions that were not tax deductible?	6a		х			
	·						
	· · · · · · · · · · · · · · · · · · ·	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	- · · · · · · · · · · · · · · · · · · ·	7a	х				
b	<ul> <li>a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?</li> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> </ul>						
	· · · · · · · · · · · · · · · · · · ·						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal						
	benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Х				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u>X</u>			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			l			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have						
	excess business holdings at any time during the year?	8					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			l			
а	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter N/A						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	If 'Yes,' has it filed a Form 990-T for this year? If 'No, " provide an explanation in Schedule O  3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  4 Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  4 Yes," enter the name of the foreign country ►  5 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Ind any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 Yes," to question 5a or 5b, did the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  7 Did the organization solicit any contributions that were not tax deductible?  8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 Did the organization provide goods or services in exchange for any quid prio quio contribution of more than \$75?  11 Yes," did the organization notify the donor of the value of the goods or services provided?  12 To did the organization of the value of the goods or services provided?  13 To did the organization of the value of the goods or services provided?  14 Tyes," did the organization of the value of the goods or services provided?  15 Tyes," indicate the number of Forms 8282 filed during the year.  16 Tyes," indicate the number of Forms 8282 filed during the year.  17 Did the organization, during the year, receive						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	1					

Form **990** (2008)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

COUNTY, INC.

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Form 990 (2008) Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body  1a 19			
	Enter the number of voting members that are independent  1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
, ,	governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
0	by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ja		
b	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	90		
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	х	
b	Other officers or key employees of the organization?	15b		X
_	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
_	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	·		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
-	public inspection indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion.	•	
	THE ORGANIZATION - (301)-429-9300			
	4550 FORBES BOULEVARD, SUITE 120, LANHAM, MD 20706			

Form 990 (2008) COUNTY, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours	Position (check all that					Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DONALD BOONE					Γ					
DIRECTOR	2.00	X			L.	<u> </u>		0.	0.	0.
ELIZABETH BURLEY					İ			j		
DIRECTOR	2.00	X	<u> </u>			<u> </u>		0.	0.	0.
DENISE BAILEY CLARK			l							
DIRECTOR	2.00	X	ļ	_	<u> </u>	_		0.	0.	0.
GENA GREENHOOD								_	_	_
DIRECTOR	2.00	X			<u> </u>	<del> </del>	_	0.	0.	0.
SUSAN HOLLAND										
DIRECTOR	2.00	X				-		0.	0.	0.
LYNNDA KRATOVIL	2 00	١,,	ĺ		i	1				•
DIRECTOR CAROL MARTIN	2.00	X		<u> </u>	1	+	┝	0.	0.	0.
DIRECTOR	2.00	х					ŀ	0.	0.	0
BRENDA MINOR	2.00	^				<del>                                      </del>		0.	<u> </u>	0.
DIRECTOR	2.00	x						l o.	0.	0.
TWILA MITCHELL		22				1		0.		0.
DIRECTOR	2.00	x						0.	0.	0.
EDWARD MIXON										
DIRECTOR		x						0.	0.	0.
JENNIFER MUSKUS										<u></u>
DIRECTOR	2.00	X						0.	0.	0.
STEVE PYLES								_	-	
DIRECTOR	2.00	X			L_	<u> </u>		0.	0.	0.
JOANN QUINN										
DIRECTOR	2.00	X			L		<u>_</u>	0.	0.	<u> </u>
MITZI REVELS										
DIRECTOR	2.00	X	L		<u>L</u> _	igspace		0.	0.	0.
YOLANDA JACKSON										
DIRECTOR	2.00	X		<u> </u>	<u> </u>			0.	0.	0.
MARY ALYCE BAUER		-								-
PRESIDENT	2.00	<u> </u>	<u> </u>	X	<u> </u>	$\vdash$		0.	0.	0.
GERALD ADAMS	2 00			,,					_	^
TREASURER	2.00	Щ	L	X				0.	0.	0.

832007 12-18-08

Form 990 (2008)

COU	NTY	INC

Part VII Section A. Officers, Directors, Tru	stees. Kev Ei	npla	ovee	s. a	nd l	Hiat	est	Compensated Employ	ees (continued)	<u> </u>	<u> </u>	age C
· (A) (B)				(C) (D) (E)						Τ_	(F)	
Name and title	Average				-, rtion	ı		Reportable	Reportable		Estimat	od
	hours	(check all that apply)					olv)	compensation	compensation		amount	
	per	<del>-</del>	Ī		1	T	T	from	from related		othe	
	week	recto			•			the	organizations	C	ompens	
		50	8			sated		organization	(W-2/1099-MISC)		from th	
		nstee	trus		8	ubeu		(W-2/1099-MISC)		(	organiza	tion
		ualt	iona		oldr	2 5					and rela	ted
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	e e			0	rganiza	tions
		_	_	Ľ	Ē	-	Γ.	·				
JOANN CARNATHAN				<u>-</u> _								_
SECRETARY	2.00			X		<u> </u>	-	0.	0	•		0.
JACQUELINE RANDALL												
VICE PRESIDENT	2.00			X			<u> </u>	0.	0			0.
BEATRICE RODGERS												
EXECUTIVE DIRECTOR	40.00			X				95,293.	0	•	4,0	72.
THERESA THOMAS												
FINANCE DIRECTOR	40.00			X		L	_	62,590.	0	•	5,4	138.
		<u> </u>								$\perp$		
			_		_					<u> </u>		
					_			<u></u>	·	+		
										1		
		<u> </u>			┢	-	├-	<u> </u>				———
					ľ		ŀ					
			-		<del> </del> -							
1b Total			L		<u> </u>	<u> </u>		157,883.	0	_	9 5	10.
2 Total number of individuals (including those	ın 1a) who re	ceiv	ed n	ore	tha	n \$1	00.0			<u>-*1</u>		
compensation from the organization							·	·	•	•		0
		-									Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	em/	plo	yee,	or h	nighest compensated en	nployee on		ŀ	
line 1a? If "Yes," complete Schedule J for si	uch individual									3	3	X
4 For any individual listed on line 1a, is the su	m of reportabl	le co	omp	ensa	ation	and	d otl	her compensation from	the organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such ındıvıdual		4	,	X
5 Did any person listed on line 1a receive or a	ccrue comper	nsat	on f	rom	any	unr	elat	ed organization for serv	ces rendered to			
the organization? If "Yes," complete Schedu	ule J for such j	oers	on							_ 5	<u>.                                    </u>	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest coil</li> </ol>	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
the organization. NONE	<del></del>							_	<u>,</u>			
(A)							- 1	(B)			(C)	
Name and business	address						$\dashv$	Description of s	ervices	Com	pensatio	on ———
			_				-+					
1.1							$\dashv$		-			
							+			-		
			-		-		$\dashv$		<del></del>			
2 Total number of independent contractors (in	ncluding those	ın 1	l) wł	o re	cen	ved i	mor	e than \$100,000 in com	pensation			
from the organization	0							. ,======	<u> </u>			
										Ear	m <b>990</b>	20000

_		(2008) COUN'				<del></del>	04-3758	711 Page <b>9</b>
Pa	<u>rt VI</u>	II Statement of Reve	nue		<u>-</u>			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c	<ul> <li>Federated campaigns</li> <li>Membership dues</li> <li>Fundraising events</li> <li>Related organizations</li> <li>Government grants (contributions, gifts, grands similar amounts not included about</li> </ul>	nts, and	14,450.				
E D	_	Noncash contributions included in lines	s 1a-1f \$		25 205			
0 0	h	Total. Add lines 1a-1f		Business Code	35,295.			
Program Service Revenue		. <del></del>	GIBILITY	624100 624100		3,417,513. 239,007.		
5,	е		<del></del>					
_	f	All other program service reve	enue		2 (5( 520		<del> </del>	
	3	Total. Add lines 2a-2f Investment income (including other similar amounts)	dividends, inter		3,656,520. 4,468.	4,468.		
	4	Income from investment of ta	x-exempt bond	-	1,100.	- 1,100.	<del></del>	
	5	Royalties		•				
			(ı) Real	(ii) Personal				
		Gross Rents		ļ				
		Less rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss) Gross amount from sales of	(i) Converting	(ii) Other				
	/ a	assets other than inventory	(i) Securities	(ii) Other 402.				
- 1	b	Less: cost or other basis		1021				
		and sales expenses						
ŀ	С	: Gain or (loss)		402.		ĺ		
		Net gain or (loss)			402.	402.		
evenue	8 a	Gross income from fundraisin including \$contributions reported on line	of					
Other Revenue	b	Part IV, line 18 Less. direct expenses	a b					
		: Net income or (loss) from fund	=		4,693.	4,693.		
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	a					
		<ul> <li>Less. direct expenses</li> <li>Net income or (loss) from gan</li> </ul>	b nina activitios	'\				
		Gross sales of inventory, less	-		-			
		and allowances	а					
		Less: cost of goods sold	b					
-	<u>c</u>	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Revenu		Business Code	•	140		
		MISCELLANEOUS 1		900099	148.	148.		
	b			<del></del>				
		All other revenue			-			
		Total. Add lines 11a-11d	•	. •	148.			
90000	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	3,701,526.	3,666,231.	0.	0.
83200 02-02	-08							Form <b>990</b> (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	• Section 501(c)(3) All other organizations must complete		tions must complete al not required to comple		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		охраново	general expenses	охропаез
2	Grants and other assistance to individuals in				<del>-</del>
_	the U.S. See Part IV, line 22	42,105.	42,105.		
3	Grants and other assistance to governments,	12/1031	12/1031		
·	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_			7.
5	Compensation of current officers, directors,				
	trustees, and key employees	167,393.		167,393.	
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,176,492.	2,109,922.	65,082.	1,488.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	31,478.	30,386.	1,092.	
9	Other employee benefits	288,838.	273,583.	15,239.	16.
10	Payroll taxes	178,775.	161,416.	17,242.	117.
11	Fees for services (non-employees)		-		
а	Management				
b	Legal	32,895.	20,150.	12,745.	
С	Accounting	10,162.	9,247.	915.	<del></del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	102,102.	93,263.	8,444.	395.
12	Advertising and promotion	2,154.	2,090.	64.	·
13	Office expenses	108,663.	96,900.	9,562.	2,201.
14	Information technology		·		
15	Royalties				
16	Occupancy	248,700.	225,990.	22,710.	
17	Travel	63,844.	62,155.	1,689.	<del></del>
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,612.	26,494.	11,118.	
20	Interest .	1,633.	1,486.	147.	<u>.</u>
21	Payments to affiliates		40.000	4 000	
22	Depreciation, depletion, and amortization	54,868.	49,930.	4,938.	
23	Insurance	14,235.	12,954.	1,281.	<del></del>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	REPAIRS AND MAINTENANCE	8,525.	7,757.	768.	·
b	BAD DEBT	7,423.	7,414.	9.	<del></del>
c	DUES AND SUBSCRIPTIONS	6,395.	5,839.	556.	<del></del>
d	147 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4,552.	3,164.	1,287.	101.
e	CERTIFICATIONS AND AWAR	3,010.	1,965.	389.	656.
f		-,020	-,		
25	Total functional expenses. Add lines 1 through 24f	3,591,854.	3,244,210.	342,670.	4,974.
26	Joint Costs. Check here ▶ ☐ If following			•	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	_			

Form 990 (2008)

COUNTY, INC.

04-3758711 Page 11

Ра	<u>π χ</u>	Balance Sneet			(A)		(B)				
				-	Beginning of year		End of year				
	1	Cash - non-interest-bearing		_	212 -12	1	251,0				
	2	Savings and temporary cash investments		_	348,746.	2	200,5	<u> 26.</u>			
	3	Pledges and grants receivable, net		40.400	3						
	4	Accounts receivable, net			10,483.	4	26,1	<u>.37 </u>			
	5	Receivables from current and former officers, d	•								
		employees, or other related parties Complete F	<del></del>	5							
	6	Receivables from other disqualified persons (as									
		4958(f)(1)) and persons described in section 49	B) Complete								
	_	Part II of Schedule L		6							
ets	7	Notes and loans receivable, net		<b> </b>	<del>-</del>	7					
Assets	8	Inventories for sale or use		-	61 000	8					
•	9	Prepaid expenses and deferred charges	ایدا	220 120	61,282.	9	78,8	66.			
	10a		10a	329,130.							
	b	Less accumulated depreciation Complete		100 050	100 500		120 0				
	١	Part VI of Schedule D	10b	198,859.	120,522.		130,2	/1.			
	11	Investments - publicly traded securities		<del> -</del>		11					
	12	Investments - other securities See Part IV, line		-		12					
	13	investments - program-related See Part IV, line		-		13					
	14 15	Intangible assets Other assets See Part IV, line 11	-	8,411.	14	14,2	70				
	16	Total assets. Add lines 1 through 15 (must equ	549,444.	15 16	701,1						
	17	Accounts payable and accrued expenses	*)	166,029.	17	170,3					
	18	Grants payable and accrued expenses		<u> </u>	100,023.	18	1/0,3	<u> </u>			
	19	Deferred revenue		<u> </u>		19					
Liabilities	20	Tax-exempt bond liabilities			20						
	21	Escrow account liability. Complete Part IV of Sc		21							
	22	Payables to current and former officers, directo	•								
api		highest compensated employees, and disqualif									
تَ		of Schedule L		22							
	23	Secured mortgages and notes payable to unrel	ated third	d parties		23					
	24	Unsecured notes and loans payable		΄		24					
	25	Other liabilities. Complete Part X of Schedule D			0.	25	37,7	51.			
	26	Total liabilities. Add lines 17 through 25			166,029.	26	208,0				
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete							
ê		lines 27 through 29, and lines 33 and 34.									
Fund Balance	27	Unrestricted net assets			<u>383,415.</u>	27	493,0	<u>87.</u>			
Bal	28	Temporarily restricted net assets				28					
פַ	29	Permanently restricted net assets				29					
		Organizations that do not follow SFAS 117, c	heck he	re 🕨 📖 and							
Net Assets or		complete lines 30 through 34.									
sets	30	Capital stock or trust principal, or current funds		ļ		30					
As	31	Paid-in or capital surplus, or land, building, or ed		F-		31					
Zet	32	Retained earnings, endowment, accumulated in	ncome, o	r other funds		32					
_	33	Total net assets or fund balances		.  -	383,415.	33	493,0				
Da	34 rt XI	Total liabilities and net assets/fund balances		<u> </u>	549,444.	34	701,1	<u> 39.</u>			
Fai	LAI	Financial Statements and Reporting	3				Yes	No			
1	٨٥٥٥	ounting method used to prepare the Form 990:		h X Accrual	Other						
_		2a	x								
2a b		Were the organization's financial statements compiled or reviewed by an independent accountant?									
		Were the organization's financial statements audited by an independent accountant?  f "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
·		2c X									
За		<ul> <li>w, or compilation of its financial statements and result of a federal award, was the organization re</li> </ul>		•		le Audit	20 21	<del> </del>			
		and OMB Circular A-133?	. 4000 10	and about of addition	as sectional in the Only	,,,,,uuit	3a	x			
<u>b</u>		es," did the organization undergo the required au	dit or aud	 dits?			3b	<u> </u>			
	1 12-18			<del></del>	<u> </u>		Form <b>990</b> (	(2008)			

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

OMB No 1545-0047

Name of the organization RESOURCE CONNECTIONS OF PRINCE GEORGE'S Employer identification number COUNTY, INC. 04-3758711 Reason for Public Charity Status (All organizations must complete this part ) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a \_\_\_\_ Type I **b** Type II c \_\_\_\_ Type III - Functionally integrated \_\_\_ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No Yes No (see instructions)) Yes LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support    Salendar year (or fiscal year beginning in)	art II Support Schedule for O (Complete only if you checked			Sections 170	(b)(1)(A)(iv) ar	nd 17	0(b)(1)(A)(v	vi) Pag
slendar year (o'r fiscal year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 - 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)  8 Public Support. Submert line is from line 4  8 Gross income from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, orgalities and income from smillar sources  9 Net income from unrelated business activities, whether or not the business a regularly carned on Orther income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  1 Izotal support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  3 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) organization, check this box and stop here.  8 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  5 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))		THE COX CIT INTO C	5,7,0.00114117					<del></del>
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total, Add lines 1 - 3. 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)  1 Public Support. Subtract line 5 from line 4. Coltion B. Total Support levels and income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gian or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions)  12   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) organization, check this box and stop here.  Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<del></del>	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	T	(e) 2008	(f) Total
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 - 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)  2 Public Support. Subtract lines 5 from lines 4 3 Gross income from increast, dividends, payments received on securities loans, rents, royalties and income from similar sources 3 Net income from unrelated business activities, whether or not the business is regularly carned on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 3 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) organization, check this box and stop here 20tion C. Computation of Public Support Percentage 1 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 1 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 1 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	Gifts, grants, contributions, and membership fees received. (Do not							
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And income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  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) organization, check this box and stop here  ction C. Computation of Public Support Percentage  Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  14  Public support percentage from 2007 Schedule A, Part IV-A, line 26f	dividends, payments received on					ŀ		
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assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  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) organization, check this box and stop here  ction C. Computation of Public Support Percentage  Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2007 Schedule A, Part IV-A, line 26f								
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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) organization, check this box and stop here ction C. Computation of Public Support Percentage  Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2007 Schedule A, Part IV-A, line 26f	• • •					+		
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Public support percentage from 2007 Schedule A, Part IV-A, line 26f  14  15			s iirst, second, triir	a, lourin, or litth ta	ox year as a section	อก อบ	I(C)(3)	. □
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Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<del> </del>			olumn (fi)	·	14		
			-	olariir (i))				
and the second s			•		14 10 22 1/20/		check this bo	x and
stop here. The organization qualifies as a publicly supported organization	Public support percentage from 2007 S	•	of check the box or	i line 13, and line 1	14 18 33 17.3% 07			
33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	Public support percentage from 2007 S a 33 1/3% support test - 2008. If the org	anization did no			14 IS 33 1/3% OF	,	OFFICER THIS BU	,,,,,,,, <b>⊾</b> [
nd <b>stop here.</b> The organization qualifies as a publicly supported organization	ublic support percentage from 2007 S 3 1/3% support test - 2008. If the org top here. The organization qualifies as 3 1/3% support test - 2007. If the org	anization did no a publicly supp anization did no	oorted organization ot check a box on li	ne 13 or 16a, and				►□

Schedule A (Form 990 or 990-EZ) 2008

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2008 COUNTY 04 - 3758711INC 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2006 (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 10,838 14,606 2,018 16,712. 35,295. 79,469. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 2690367. organization's tax-exempt purpose 1942304. 2166421. 3040064. 3656520.13495676. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2704973. 1944322 2177259. 3056776. 3691815.13575145. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 13575145. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1944322 2177259 2704973. 3056776. 3691815.13575145. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 9,745, and income from similar sources 3,465. 24,857 20,605. 4.870. 63,542. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 3,465 9.745 24.857. 20,605. 4,870. 63,542. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital 4,238 4.841 9,079. assets (Explain in Part IV) 13647766. 13 Total support (Add lines 9, 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 99.47 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 99.53 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 47 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . 47 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  $\triangleright X$ b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	izations Complete Part III.			
Name of organization RESOUT	RCE CONNECTIONS OF	F PRINCE GEO	ORGE'S Emp	loyer identification number
COUNT	Y, INC.			04-3758711
Part I-A To be completed	l by all organizations exen	npt under section	501(c) and section 5	27 organizations.
See the instructions for	or Schedule C for details.			
1 Provide a description of the org	anization's direct and indirect polit	cal campaign activities	s in Part IV.	
2 Political expenditures			▶:	B
3 Volunteer hours				
Part I-B To be completed	l by all organizations exen	npt under section	501(c)(3).	
-	or Schedule C for details	•	* * * * * * * * * * * * * * * * * * * *	
1 Enter the amount of any excise	tax incurred by the organization ur	ider section 4955	<b>&gt;</b> :	<b>.</b>
2 Enter the amount of any excise	tax incurred by organization mana	gers under section 495	55 <b>▶</b> 9	S No
	ction 4955 tax, did it file Form 472			Yes No
4a Was a correction made?	,	· - <b>,</b>		Yes No
b If "Yes," describe in Part IV.				
	l by all organizations exen	npt under section	501(c), except section	on 501(c)(3).
See the instructions for	or Schedule C for details		•	,
	ded by the filing organization for s	ection 527 exempt fun	ction activities	B
2 Enter the amount of the filing or		•		
exempt function activities		3		\$
3 Total of direct and indirect exem	pt function expenditures Add line	s 1 and 2 and enter he		
Form 1120-POL, line 17b			▶ 5	<b>.</b>
·		•	- '	· ——————
4 Did the liling organization lile Fo	rm 1120-POL for this year?			Yes No
	rm 1120-POL for this year? I employer identification number (E	EIN) of all section 527 r		Yes No
5 State the names, addresses and	d employer identification number (E		political organizations to whi	ch payments were made
5 State the names, addresses and Enter the amount paid and indic	d employer identification number (E ate if the amount was paid from th	e filing organization's t	political organizations to whi funds or were political contri	ch payments were made butions received and
5 State the names, addresses and Enter the amount paid and indic	d employer identification number (E ate if the amount was paid from th to a separate political organization	e filing organization's t	political organizations to whi funds or were political contri	ch payments were made butions received and
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5 State the names, addresses and Enter the amount paid and indic promptly and directly delivered If additional space is needed, pr	d employer identification number (fate if the amount was paid from the control of a separate political organization ovide information in Part IV	e filing organization's f	colitical organizations to white funds or were political contributions or were political contributions of the contribution of the contribution of the contribution of the contribution organization of the contribution or the con	ch payments were made butions received and action committee (PAC).  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 State the names, addresses and Enter the amount paid and indic promptly and directly delivered If additional space is needed, pr	d employer identification number (fate if the amount was paid from the control of a separate political organization ovide information in Part IV	e filing organization's f	colitical organizations to white funds or were political contributions or were political contributions of the contribution of the contribution of the contribution of the contribution organization of the contribution or the con	ch payments were made butions received and action committee (PAC).  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008	COUN	TY, IN	IC.		04-3	758711 Page 2
Part II-A To be completed by					t filed Form 5768	
(election under sec	tion 501	(h)). See t	he instructions for Sch	nedule C for details.		
A Check ► if the filing organiza	tion belon	gs to an affi	iliated group.			
B Check 🕨 📖 if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply	<del></del>	
		oying Expe leans amou	nditures unts paid or incurred.)	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion (	(grassroots lobbying)		100.	
b Total lobbying expenditures to influ	uence a le	gislative bo	dy (direct lobbying)		1,001.	
c Total lobbying expenditures (add li	nes 1a an	d 1b)			1,101.	
d Other exempt purpose expenditure	es	•			3,590,902.	
e Total exempt purpose expenditure	s (add line	s 1c and 1d	<b>d</b> )		3,592,003.	
f Lobbying nontaxable amount. Ente	er the amo	unt from th	e following table in bot	h columns.	329,600.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)			82,400.	
h Subtract line 1g from line 1a. Enter			an line a		0.	
i Subtract line 1f from line 1c Enter	-O- If line f	ıs more tha	n line c		0.	
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year <sup>?</sup>					Yes No
,	ns below.	at made a s See the ins	structions for lines 2a	n do not have to comp through 2f of the ins		
	Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2005	(ь) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					329,600.	329,600.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						494,400.
c Total lobbying expenditures					1,101.	1,101.
d Grassroots non-taxable amount					82,400.	82,400.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						123,600.

Schedule C (Form 990 or 990-EZ) 2008

<u> 100.</u>

f Grassroots lobbying expenditures

04-3758711 Page 3 Schedule C (Form 990 or 990-EZ) 2008 COUNTY, INC. Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

		(a)			b)
	Yes	No	,	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or	<del>                                     </del>	<del>                                     </del>	İ	<del></del> _	
local legislation, including any attempt to influence public opinion on a legislative matter	}	1	- 1		
or referendum, through the use of					
Volunteers?					
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
: Media advertisements?					
Mailings to members, legislators, or the public?		<del>                                     </del>			
Publications, or published or broadcast statements?					
Grants to other organizations for lobbying purposes?					
Direct contact with legislators, their staffs, government officials, or a legislative body?					
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	ļ				
Other activities? If "Yes," describe in Part IV	ļ	<del> </del>			
Total lines 1c through 1i	<u> </u>				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	<del> </del>			
If "Yes," enter the amount of any tax incurred under section 4912			Ļ		
If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>	<del> </del>	_		_
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		F04/-	VE		
rt III-A To be completed by all organizations exempt under section 501(c)(4)	, section	1 501(0	;)(0),	or sec	tion
					Τ
501(c)(6). See the instructions for Schedule C for details				Vaa	
		_	_	Yes	<del>                                     </del>
Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	-"
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B To be completed by all organizations exempt under section 501(c)(4),  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR		1 501(c	2 3 :)(5),	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B To be completed by all organizations exempt under section 501(c)(4),  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.		1 501(c	2 3 3(5), ues	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B To be completed by all organizations exempt under section 501(c)(4).  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members	if Part I	1 501(c	2 3 :)(5),	, or sec	tion
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Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B To be completed by all organizations exempt under section 501(c)(4)  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	if Part I	n 501(c	2 3 3)(5), ues	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B  To be completed by all organizations exempt under section 501(c)(4)  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year	if Part I	n 501(c	2 3 2)(5), ues	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B To be completed by all organizations exempt under section 501(c)(4).  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	if Part I	n 501(c	2 3 2)(5), ues 1 2a 2b	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B To be completed by all organizations exempt under section 501(c)(4).  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	if Part I	n 501(c	2 3 c)(5), ues 1 2a 2b 2c	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B To be completed by all organizations exempt under section 501(c)(4).  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	if Part I	n 501(c	2 3 2)(5), ues 1 2a 2b	, or sec	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B To be completed by all organizations exempt under section 501(c)(4).  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) the section 162 (e) the section 162 (e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e)	if Part I	n 501(c	2 3 c)(5), ues 1 2a 2b 2c	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B To be completed by all organizations exempt under section 501(c)(4)  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particular agrees.	if Part I	n 501(c	2 3 c)(5), uess 1 2a 2b 2c 3	, or sec	tion
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B To be completed by all organizations exempt under section 501(c)(4).  501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details.  Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) the section 162 (e) the section 162 (e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e)	if Part I	n 501(c	2 3 c)(5), ues 1 2a 2b 2c	, or sec	tion

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

RESOURCE CONNECTIONS OF PRINCE GEORGE'S

Employer identification number

Schedule D (Form 990) 2008

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
•	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	eleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	· —	ned historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a cor	nservation easement on the last day
	of the tax year.		•
	•		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	_	2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, violations, a	and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year $lacksquare$ :	<u> </u>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
<u> </u>	conservation easements.	6 Art Listoria I Transcruss or 6	Mhay Cimilay Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form		other Similar Assets.
	Complete if the organization answered these to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	•	·
	treasures, or other similar assets held for public exhibition, ed	· · · · · · · · · · · · · · · · · · ·	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		t to and a second second second
b	If the organization elected, as permitted under SFAS 116, to	· ·	
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to
	these items		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
_	(ii) Assets included in Form 990, Part X	<u>.</u>	\$
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	<b>.</b> .
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2008 COUNTY,						<u>758711</u>	
Par	t III Organizations Maintaining C							
3	Using the organization's accession and other	records, check any	of the following that	at are a signific	cant use of	fits collection i	tems (check	. all
	that apply).							
а	Public exhibition	d		hange progra	ms			
b	Scholarly research	e	Other	·			<u> </u>	
C	Preservation for future generations							
4	Provide a description of the organization's co						art XIV.	
5	During the year, did the organization solicit or				er sımılar as	ssets	<del></del> -	
_	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Trust, Escrow and Custodial	_	<ul> <li>Complete if organ</li> </ul>	ization answe	red "Yes" 1	to Form 990, P	art IV, line 9,	, or
	reported an amount on Form 990, Part					<del></del>		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribution	ns or other ass	sets not inc	cluded		
	on Form 990, Part X?					Ĺ.	Yes	L No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing table					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount on Fo	rm 990, Part X, line	217			L	Yes	L No
	If "Yes," explain the arrangement in Part XIV		_					
Par	t V Endowment Funds. Complete if		ered "Yes" to Form	1 "				
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years bac	k (e) Four y	rears back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
đ	Grants or scholarships						<del> </del>	
е	Other expenditures for facilities			1				
	and programs						<del></del>	
f	Administrative expenses						<del></del>	
g	End of year balance			ļ		<del></del>		
2	Provide the estimated percentage of the year	end balance held a	as					
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment	-						
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are held a	and administer	red for the	organization	_	
	by						<u>_</u>	res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the			<u> </u>	_			
Par	t VI Investments - Land, Building	s, and Equipm	ent. See Form 990	), Part X, line 1	0			
	Description of investment	(a) Cost or o	, · · ·	t or other	(c) Dep	reciation	(d) Book	value
		basis (investr	nent) basis	(other)				
1a	Land							
b	Buildings							
С	Leasehold improvements			3,494.	_	7,858.		<u>,636.</u>
d	Equipment .			5,841.		9,789.		<u>,052.</u>
	Other			<u> 19,795.</u>	6	1,212.		<u>,583.</u>
Total	Add lines 1a.1a (Column (d) should equal For	m 990 Part Y coli	mn (R) Ino 10(a) )			<b>N</b>	1 2 0	271

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. So (a) Description of security or category	T		Method of valuation.
(including name of security)	(b) Book value		end-of-year market value
inancial derivatives and other financial products	<del>                                     </del>		
Closely-held equity interests			<del>-</del>
Other			
		<del>-</del>	·
	<del></del>	<del>-</del>	
		<del></del>	
		<del></del>	
otal. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990 Part X Ivr	no 13	<del></del>
			Method of valuation
(a) Description of investment type	(b) Book value		end-of-year market value
		<u>-</u>	
	<del></del>		
			<u>-</u>
		<del>-  </del>	
	· · · · - · · · · · · · · · · · · · · ·	<del></del>	
- 1 (0 1 (1 ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del></del>
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990. Part X, line		<u> </u>	<del></del>
	Description		(b) Book value
(a)	Description		(b) Book value
<del></del>			
	·		
		w	
		<del></del>	
	····		
Total. (Column (b) should equal Form 990, Part X, col (B) li	<u>ne 15)</u>		
Part X Other Liabilities. See Form 990, Part X,	line 25.		
(a) Description of liability		(b) Amount	
Federal income taxes			
CAPITAL LEASE OBLIGATIONS		37,751.	
	· · · · · · · · · · · · · · · · · · ·		
otal. (Column (b) should equal Form 990. Part Y col (b) is	ine 25.)	37 751	
Total. (Column (b) should equal Form 990, Part X, col (B) line Part XIV provide the text of the footnote to the organization.		37,751.	ition's liability for unandon to unandon
otal. (Column (b) should equal Form 990, Part X, col (B) line Part XIV, provide the text of the footnote to the organizated of the FIN 48			ation's liability for uncertain tax positions

Sche	dule D (Form 990) 2008COUNTY, _INC.			04-3	758711	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t	o Financ	ial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,701	526.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,591	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			672.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments .		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			0.
10 Par	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  t XII Reconciliation of Revenue per Audited Financial Statements.	ents Wit	h Revenue per l	Return	109	<u>672.</u>
1	Total revenue, gains, and other support per audited financial statements	icito viit	in nevenue per i	1	3,701	675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u> </u>	,075.
a	Net unrealized gains on investments	2a		1 1		
b	Donated services and use of facilities	2b	149	]		
c	Recoveries of prior year grants	2c		1		
q	Other (Describe in Part XIV)	2d		1		
e	Add lines 2a through 2d			2e		149.
3	Subtract line 2e from line 1			3	3,701	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				<u> </u>	<u>,v</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIV)	4b		7		
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	3,701	,526.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses pe	r Returi		
1	Total expenses and losses per audited financial statements			1	3,592	003.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1 1		
а	Donated services and use of facilities	_2a	149	<u>.</u>		
b	Prior year adjustments	2b		1 1		
С	Losses reported on Form 990, Part IX, line 25	2c		_		
d	Other (Describe in Part XIV)	2d		_l   l		
е	Add lines 2a through 2d			2e		<u> 149.</u>
3	Subtract line 2e from line 1			3	3,591	<u>.854.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		-		
	Other (Describe in Part XIV)	_4b		-  i		•
_	Add lines 4a and 4b			4c	2 501	0.
Pai	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  t XIV Supplemental Information			5	3, <u>591</u>	,034.
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a	and 4, Part IV, lines	1b and 2b	; Part V, line	4, Part
X, Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
	<del></del>		<del></del>			
			<del></del>			
		<del></del>			_	
			•			

SCHEDULE			ı		,			OMB No 1545-0047	545-0047
(Form 990)			Grants and	1 Other Assistance	Grants and Other Assistance to Organizations,	,			,
_			Govern	Governments, and Individuals in the U.S.	duals in the U.S.				2008
Department of the Treasury		► Compl	<ul><li>Complete if the organizatio</li></ul>	n answered "Yes,	," on Form 990, Pa	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.		Open to	Open to Public
Internal Revenue Service				► Attach to Form 990.	т 990.			edsul	nspection
Name of the organization	RESOURCE COUNTY, I	CONNECTIONS NC.	NS OF PRINCE	E GEORGE'S	മ		ш	Employer identification number 04-3758711	on number 58711
Part I General Inf	ants	d Assistance							
1 Does the organize	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	Istance, and the selection	uo	
criteria used to av	criteria used to award the grants or assistance?	ance?						X Yes	<b>2</b>
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	sedures for monit	oring the use of grant	funds in the Uniter	d States			1	
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	1 Organizations in the	e United States. C	Complete if the orga	anization answered "Y	es" on Form 990, Part I	V, line 21, for any	
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	it received more th	1an \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if additiona	space is needed	
1 (a) Name and add	1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant :e
		-							
	Enter total number of section 501(c)(3) and government organizations	d government orç	janizations					<b>A</b>	
- 1	Enter total number of other organizations							•	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	990) 2008

Schedule I (Form 990) 2008

Part III

Page 2

04-3758711

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 0 42,105, 26 (c) Amount of cash grant (b) Number of recipients 99 (a) Type of grant or assistance SPECIFIC ASSISTANCE TO CONSUMERS 832102 12-18-08

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY, INC.

Employer identification number 04 - 3758711

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GEORGE'S COUNTY BY BUILDING SUPPORTIVE PARTNERSHIPS AND CONNECTING THEM
TO RESOURCES THAT ENABLE THEM TO LIVE THE LIFE THEY CHOOSE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
THE SERVICES THEY NEED. THE PROGRAM SUPPORTS 200 INDIVIDUALS AT ANY GIVEN TIME.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS  THE E & A PROGRAM PROCESSES APPROXIMATELY 500 APPLICATIONS EACH YEAR.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  PRINCE GEORGE'S COUNTY COMMUNITY DEVELOPMENT GRANT - ASSIST INDIVIDUALS  WE SUPPORT TO FULLY PARTICIPATE IN COMMUNITY ACTIVITIES SUCH AS SUMMER  CAMP, TAKE VACATIONS, PARTICIPATE IN EDUCATION / RECREATIONAL TRAINING  CLASSES TO ENHANCE LIFE SKILL OR SOCIAL AWARENESS IN THEIR COMMUNITY.  THE FUNDING ASSISTED 25 CLIENTS.  UNITED WAY ART SHOWCASE GRANT - PROVIDE A FORUM FOR INDIVIDUALS WITH  INTELLECTUAL OR DEVELOPMENTAL DISABILITIES AND THEIR SIBLINGS TO  EXPRESS THEIR CREATIVITY IN VARIOUS ART FORMS SUCH AS PAINTING,  WRITING, DRAWING, SEWING, ETC. THIS FUNDING PROVIDED OPPORTUNITIES FOR
APPROXIMATELY 150 INDIVIDUALS TO SHOWCASE THEIR WORKS OF ART.  EXPENSES \$ 7576. INCLUDING GRANTS OF \$ 7950. REVENUE \$ 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

FORM 990, PART VI, SECTION A, LINE 10: THE AGENCY HAS DESIGNATED A SUB

COMMITTEE OF THE BOARD TO REVIEW 990 AND OFFER RECOMMENDATIONS TO THE BOARD

832211 12-18-08

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

RESOURCE CONNECTIONS OF PRINCE GEORGE'S COUNTY, INC.

Employer identification number 04-3758711

FOR FINAL APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS MEMBERS ARE REQUIRED TO SUBMIT ANNUAL STATEMENTS DISCLOSING ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR COMPENSATION IS
REVIEWED BY A COMPENSATION COMMITTEE FROM THE BOARD OF DIRECTORS UTILIZING
DATA FROM SIMILAR TYPES OF ORGANIZATIONS WITHIN THE METROPOLITAN WASHINGTON
D.C. OR BALTIMORE AREAS AS WELL AS PERFORMANCE RELATED TO ESTABLISHED GOALS
OF THE ORGANIZATION FOR PERFORMANCE BASED COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST AT THE ORGANIZATIONS OFFICE.
THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH IS RESPONSIBLE FOR THE
OVERSIGHT OF THE AUDIT. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE
SELECTION OF AN INDEPENDANT ACCOUNTING FIRM TO CONDUCT THE AUDIT.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

ile a senarate application for each return

OMB No. 1545-1709

_			
	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	•••••••	<b>▶ X</b>
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ieu ru	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete	
Part I	only .		▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ncome tax retums	exten	sion of time
noted (not au you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic itomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or courst submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	ically if nsolida	(1) you want the additional ated Form 990-T. Instead,
Туре		Emp	loyer identification number
print	RESOURCE CONNECTIONS OF PRINCE GEORGE'S		-
-	COUNTY, INC.	0	4-3758711
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions  4550 FORBES BOULEVARD NO. 120		
return S	66		
Check	type of return to be filed (file a separate application for each return).		
[₹]	Form 990 Form 990-T (corporation) Form 4	700	
	Form 990	_	
=	Form 990-EZ Form 990-T (trust other than above) Form 60		
	Form 990-PF Form 1041-A Form 88		· · · · · · · · · · · · · · · · · · ·
• The Tele • If th	THE ORGANIZATION  books are in the care of  4550 FORBES BOULEVARD, SUITE 120 - LANH  sphone No  (301)-429-9300  FAX No   ee organization does not have an office or place of business in the United States, check this box  is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the	IAM,	r the whole group, check this
• The Tele • If the lifth box •	THE ORGANIZATION  books are in the care of \( \bigstyre{4550} \) FORBES BOULEVARD, SUITE 120 - LANH  chooks are in the care of \( \bigstyre{4550} \) FORBES BOULEVARD, SUITE 120 - LANH  companies organization does not have an office or place of business in the United States, check this box  also is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box  request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit  FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a	IAM,	r the whole group, check this ers the extension will cover.
• The Tele • If the box •	THE ORGANIZATION  books are in the care of \$\int \frac{4550}{500000000000000000000000000000000	IAM,	r the whole group, check this ers the extension will cover.
• The Tele • If the If the box • If the box	THE ORGANIZATION  books are in the care of \( \bigstyre{4550} \) FORBES BOULEVARD, SUITE 120 - LANH  chooks are in the care of \( \bigstyre{4550} \) FORBES BOULEVARD, SUITE 120 - LANH  companies organization does not have an office or place of business in the United States, check this box  also is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box  request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit  FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a	IAM,	r the whole group, check this ers the extension will cover.
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• The Tele • If the box • If th	THE ORGANIZATION  books are in the care of   4550 FORBES BOULEVARD, SUITE 120 - LANH  chorden No   (301) - 429 - 9300 FAX No   be organization does not have an office or place of business in the United States, check this box has is so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united FEBRUARY 15, 2010, to file the exempt organization return for the organization named as for the organization's return for.  Calendar year or Automatic Jule 1, 2008, and ending Jun 30, 2009	IAM,	r the whole group, check this ers the extension will cover.  The extension
• The Tele • If the If the box • 1	THE ORGANIZATION  abooks are in the care of   abooks are in the unit   abooks are in the United States, check this box   about a the unit of the unit   abooks are in the United States, check this box   about a the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the u	IAM,	r the whole group, check this ers the extension will cover.  The extension
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• The Tele • If the box ▶  1  2  3a b	THE ORGANIZATION  books are in the care of \$\int \frac{4550}{500000000000000000000000000000000	IAM,	r the whole group, check this ers the extension will cover.  The extension  Change in accounting period
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Form 8868 (Rev. 4-2009)