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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2008

G. Check at that apply. Indust return Final return Amended return X Address change Name of foundation Use the IRS Inhel. Otherwise. ILIMPHREYS FOUNDATION INC 13 S MAIN ST 31 - 639 319 Telephone unifor 13 S MAIN ST 15 S MAIN ST 16 City or town, site, and AZP code Instructions BERLIN. MD 21811 Section 4947(a)(1) nonexempt charatable trust X Other taxable private foundation Section 4947(a)(1) nonexempt charatable trust X Other taxable private foundation I rair market value of all assets at end of yar X Accounting method. X Cash Section 4947(a)(1) nonexempt charatable trust X Other taxable private foundation I rair market value of all assets at end of yar X Accounting method. X Cash Part I Analysis of Revenue and Expenses Part I Analysis of Revenue and Expenses Part I Analysis of Revenue and Expenses 1 Combination and Expenses 2 Creece and the environt section with Sa B 1 A Land A La	For		lendar year 2008, or tax year beginning JU		, and ending	JUN 30, 2009	
Use the IRS label. Otherwise, HUMPHREYS FOUNDATION INC 31–1639319 Telephone number 3							
Section Sec			Name of foundation	7 martian	Amenaca retain	7	
or type. See Specific instructions City or town, state, and ZIP code BERLITM, MD 21811		lat ther	ne inspectors in the inspector in the inspectors in the inspector in the inspectors in the inspector in the in			31-1639319	
See Specific Instructions ERITIN MD 21.81	(•		delivered to street address)	Room/suite	1 '	700
Instructions May of NoWn, State, and care cover DRRITIN, MD 21811 H. Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust May of Nown, 1974 Nown			nacific DID D PHAIN DI			1_	
H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) in onexempt charitable trust: \(Time the control of the completion of th			ctions City of town, state, and ZIP code			1	·
Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation Fair market value of all assets at end of year J Accounting method: Cash Accrual Tair market value of all assets at end of year J Accounting method: Cash Accounting method: Tair market value of all expenses To 5, 782, Part 1, Collego, fine 16) Part 1 Analysis of Revenue and Expenses (the total of amounts in oclumna (b), (c), and (o) may not excessively equal the amounts in oclumna (b), (c), and (o) may not excessively equal the amounts in oclumna (b), (c), and (o) may not excessively equal the amounts in oclumna (b) Dividences per books Cash		Ob.		Foreign organization Foreign organizations m	S, Check here		
Fair market value of all assets at end of year (throm Part III, col. (c), time 16) J Accounting method: Cash Accruat Chrom Part III, col. (c), time 16) Other (specify) The fundamental punder section 507(b)(1)(A), Cacher three Cach	 _				ation	i	
Contributions, gifts, grants, etc., received Control of the second o	<u></u>					E If private foundation sta	atus was terminated
Analysis of Revenue and Expenses (a) Revenue and expenses (b) Net investment (c) Adjusted net (c			· I —	_	Accidat	1	
Part I Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net investment (c) Adjusted net (d) Discussements in column (a) b) (c) and (d) may not necessarily equal the amounts in column (a) (d) Discussements (d) Discussements (e) Adjusted net	•				basis)		
1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch 8 3 tentered on accompage and temporary 2 cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gam of loss) from sale of assets not on line 10 b Gross sales pince for all 7 Capital gain net income from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a and allowances 10b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 4 4 498. 4 498. 4 498. 13 Compensation of officers, directors, frustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion Note of the professional fees 17 Interest 18 Taxes 19 Depreciation and depletion Note of the professional depletion of the professi			<u> </u>	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
2 Crosc					Sagrafia was a sagrafia to a		31.44
4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 4 , 498. 4 , 498. 4 , 498. 9 Total rendered and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 2 155. 0 . 155.			2 Check X if the foundation is not required to attach Sch. B	45		- 1 to 1	3 7 7 7 7 8
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B Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 4,498. 4,498. 4,498. 13 Compensation of officers, directors, trustees, etc 0. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 2 155. 0. 155.		10			* * **		
11 Other income 12 Total. Add lines 1 through 11 4,498. 4,498. 4,498. 13 Compensation of officers, directors, trustees, etc 0. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 2 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings), x		"A" Y	
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ZO Occupancy	e∧ in	19	Depreciation and depletion				
B oo Caratina and a Mariana	췙	20					
Printing and publications 23 Other expenses STMT 3 930. 0. 930. 0 24 Total operating and administrative expenses. Add lines 13 through 23 1,085. 0. 1,085. 0	Z Š	21					
23 Other expenses STMT 3 930. 0. 930.	Ω Ę		_				
Expenses. Add lines 13 through 23 1,085. 0. 1,085.	₩ £	23	–	930.	0.	930.	0.
expenses. Add lines 13 through 23	ar S	24	· · · · · · · · · · · · · · · · · · ·	1 005	ا م	1 005	
	Z o				0.	I,085.	15 000
25 Contributions, gifts, grants paid 15,000.	ñ	1		15,000.			15,000.
26 Total expenses and disbursements. Add lines 24 and 25		26		16 005	ا م	1 005	15,000.
		27			<u> </u>	1,005.	15,000.
27 Outstate into 20 (10) into 12.						İ	r
a Excess of revenue over expenses and disbursements —11,587. b Net investment income (if negative, enter -0-) 4,498.					4 498	· ·	
C Adjusted net income (if negative, enter -0-)		•		1		3,413.	

31-1639319

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HUMPHREYS FOUNDATION INC

		kind(s) of property sold (e.g			` P - Pi	acquired irchase		acquired day, yr.)	(d) Date sold (mo., day, yr.)
	- CHOUSE		s. WILC CO.,		<u> </u>	onation	(1110.,	uay, y,	(1110., uay, yr.)
b NO	ONE								
C	<u> </u>								
d									
е	·								
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) is (f) minus (
<u>a</u>	ļ								
<u>b</u>	<u> </u>								
<u>C</u>	 								
Complete only for assets show	ng gain ır	column (h) and owned by t	the foundation	n on 12/31/69		-	(I) Gains (Col. (h) gaın ı	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col. (i) col. (j), if any			ol. (k), but	not less than (from col. (f	ı -0-) or
a							•		
<u>b</u>	ļ								
<u>C</u>	 								
<u>d</u>		-							
<u>e</u>		∫ If gain, also enter			1	T			
2 Capital gain net income or (net c3 Net short-term capital gain or (lo					1 2				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column	(c).			} 3				·
L		Section 4940(e) for				ment in	come		
(For optional use by domestic privat If section 4940(d)(2) applies, leave t		•	540(a) tax ut	i net mvesunent m	come.)				
Was the foundation liable for the sec If "Yes," the foundation does not qua	lify under	section 4940(e). Do not cor	mplete this pa	ırt.					Yes X No
1 Enter the appropriate amount in	each colu		ctions before	making any entrie					(d)
Base period years Calendar year (or tax year beginn	ing ın)	(b) Adjusted qualifying disti		Net value of nor				Dıstribu (col. (b) dıvıd	d) ition ratio ded by col. (c))
2007			9,071.			89,181			.047949
2006			6,800. 4,678.			89,562			.035872
2005 2004			$\frac{1}{4}, \frac{0}{100}$.			37,610 93,851			.033995
2003			5,019.	• • • • • • • • • • • • • • • • • • • •		98,698			.050852
2 Total of line 1, column (d)							2		.220900
3 Average distribution ratio for the						•			
the foundation has been in existe	nce if less	s than 5 years					. 3		.044180
4 Enter the net value of noncharitat	ole-use as	sets for 2008 from Part X, I	ne 5	· · · · · · · · · · · · · · · · · · ·			4		185,455.
5 Multiply line 4 by line 3							5	•	8,193.
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)					6		45.
7 Add lines 5 and 6							7		8,238.
B Enter qualifying distributions fron	n Part XII,	, line 4		····· · · · · · · · · · · · · · · · ·			8		15,000.
If line 8 is equal to or greater than									
See the Part VI instructions.			<u> </u>						

_	M 990-PF (2008) HUMPHREYS FOUNDATION INC		.TP37			Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see	instr	uctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				,	
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)		ļ. ·			
١	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	1	<u> </u>			<u>45.</u>
	of Part I, line 27b	٠.	,	•		
(c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)]			· · · · · · · · · · · · · · · · · · ·
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				45.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_				45.
6	Credits/Payments:				-	- 12 1
:	a 2008 estimated tax payments and 2007 overpayment credited to 2008		,~r			1.
1	Exempt foreign organizations - tax withheld at source 6b		٠.		٠	77
	Tax paid with application for extension of time to file (Form 8868)	~ -	ņ -		-	-2 !
	1 Backup withholding erroneously withheld 6d		1	,		7.2
	Total credits and payments. Add lines 6a through 6d	7	'			80.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				35.
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax	11				0.
Pa	art VII-A Statements Regarding Activities				-	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		3	Yes	No
•	any political campaign?	•••		1a		х
ł	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	•••	•• •	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or		. 1,71	, ,	7.
	distributed by the foundation in connection with the activities.				<i>\$</i> ,	
	Did the foundation file Form 1120-POL for this year?			1c	<u> </u> - 1, 1, 1	X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•••			_ G-4	-
٠	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.			τ '	11.4	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			· ·		
٠	managers. > \$ 0.				- J	İ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	ــــــــــــــــــــــــــــــــــــــ	X
_	If "Yes," attach a detailed description of the activities.	•••	• •	, ,		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			<u></u>	١.	-
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• •		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		/A.	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	Ly.	/ A.	- 70		X
J	If "Yes," attach the statement required by General Instruction T.	·			4	
c	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1.3	-	4.
U	By language in the governing instrument, or				·-	
		laur			٠ -	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	iaw			X	لماد
_	remain in the governing instrument?			6		
′	Did the foundation have at least \$5,000 in assets at any time during the year?			_7_	X	
_	If "Yes," complete Part II, col. (c), and Part XV.				İ	. !
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)					1
	MD	_		'	ŀ	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendarion claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendarion claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendarion claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(4) for calendarion claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(4) for calendarion claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(4) for calendarion claiming status as a private operating section claiming status as a private operating section claiming section c	dar				
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV.			9		<u>X</u>
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	1	Х

orm	1990-PF (2008) HUMPHREYS FOUNDATION INC 31-1639	9319)	Page 5
Pέ	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		x_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	The books are in care of ▶ WILLIAM H MITCHELL Telephone no. ▶ 520 – 64	11-1	700	
	Located at ▶24 N MAIN STREET, BERLIN, MD ZIP+4 ▶23			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		/ 11	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year did the foundation (either directly or indirectly):	3 7	- 03	110
Id	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 4		,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	J.		
			` .	. ;
		-	.	1 0-1
		, p.		mager !
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			, 5
	(5) Transfer any income or assets to a disqualified person (or make any of either available		۵, .	7. 2.
	for the benefit or use of a disqualified person)?		-	, ,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	'		4
	if the foundation agreed to make a grant to or to employ the official for a period after			-4
	termination of government service, if terminating within 90 days.)	I	٠٤.	,
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			1 2 1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2008?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		. 1	r.
	defined in section 4942(j)(3) or 4942(j)(5)):	10		1
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	٠.	1	, 1
	before 2008?	1	.	- 1
	If "Yes," list the years >,,,,,	٤٤		ĺ
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	`		Ą
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	-1	أذيك
	statement - see instructions.)	2b_		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	_	' -	" 1
	during the year?			",
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	• •	j	. 1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2008.)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could geopardize its charitable purpose that			
	had not been removed from jeonardy before the first day of the tax year beginning in 20082	45		Ÿ

Form 990-PF (2008) HUMPHREYS FOUNDATION INC		Daminadi	31-16393	<u>819 Page €</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Requirea (contii	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	7
(2) Influence the outcome of any specific public election (see section 4955); of	·		[
any voter registration drive?			es X No	3 7
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	∟	es X No	- J
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	·
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for	ĺ	
the prevention of cruelty to children or animals?		Y	es X No	-, '
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	ın Regulations	1.	.2014後1. 1 <u>.</u>
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		Ņ/A . L	5b
Organizations relying on a current notice regarding disaster assistance check h			▶□ [*	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?			es 🔲 No 🖟	. I
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		□ v	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?	, , ,	23 (22) 110	6b X
If you answered "Yes" to 6b, also file Form 8870.	orsonal benefit contract:			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shalter transaction?		- V N	" 45" 3" 3" 1 15" 15" "
		11		
b If yes, did the foundation receive any proceeds or have any net income attribute. Doct VIII Information About Officers, Directors, Trust		nogom Highli		7b
Part VIII Paid Employees, and Contractors	ees, roundation wa	anagers, riigili	y	
List all officers, directors, trustees, foundation managers and their	compensation	· 		
1 List all officers, all cetors, a disease, foundation managers and after	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Eynense
(a) Name and address	hours per week devoted	(If not paid.	employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)_	compensation	allowances
SEE STATEMENT 4		0.	0.	0.
		ļ		
			.==	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(-) Name and address of each ample and discount that DCO COO	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE				
		[
		l		
		<u> </u>		
	·			
			l	
			l	
Total number of other employees paid over \$50,000				0

Form 990-PF (2008) HUMPHREYS FOUNDATION INC	31-1639319 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	nly
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of se	ervice (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CONTRIBUTIONS WERE GIVEN TO NONPROFIT ORGANIZATIONS LISTER	D ON
PAGE 11 PART XV	
	15,000.
2	
3	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	▶ 0.

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a	0.
b		1b	188,279.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	188,279.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	188,279.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,824.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	185,455.
6	Minimum investment return. Enter 5% of line 5	6	9,273.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	9,273.
2a	Tax on investment income for 2008 from Part VI, line 5 2a 45.		
b	Income tax for 2008. (This does not include the tax from Part VI.)	- i.	
C	Add lines 2a and 2b	2c	45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,228.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,228.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,228.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part 1, column (d), line 26	<u> 1a</u>	15,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	45.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,955.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for t	he section

Form **990-PF** (2008)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				2000
line 7		. `	, ,	9,228.
2 Undistributed income, if any, as of the end of 2007.				7,220
a Enter amount for 2007 only			4,695.	
b Total for prior years:		0.		3 4 4
3 Excess distributions carryover, if any, to 2008:	- , , , ,	-5.00		
a From 2003	15.			
b From 2004	· .			
c From 2005		4	م و دو م	
d From 2006				1
e From 2007	多次第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			1,1
f Total of lines 3a through e	0.	(0)		- 25 50
4 Qualifying distributions for 2008 from	F 18			J. 1. C. C.
Part XII, line 4: ►\$ 15,000.		APRIL S		
a Applied to 2007, but not more than line 2a		1 1 1 1 1	4,695.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Applied to undistributed income of prior	11 1			****
years (Election required - see instructions)	المواسلة الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية	0.	the second of the	1
c Treated as distributions out of corpus		1 1 1 1 1 1 1		The state
(Election required - see instructions)	0.			3 F1W - \$
d Applied to 2008 distributable amount	7	μ	1 1 1 1	9,228.
e Remaining amount distributed out of corpus	1,077.	7	λ , ,	1, 4, 5,
5 Excess distributions carryover applied to 2008	0.		· · · · · · · · · · · · · · · · · · ·	0.
(if an amount appears in column (d), the same amount must be shown in column (a).)		4 1 4 1 3	10 - 44 10 1 To	THE STATE OF
6 Enter the net total of each column as indicated below:			``.`````````	
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	1,077.			
b Prior years' undistributed income. Subtract			^	
line 4b from line 2b		0.		
c Enter the amount of prior years'	, N-		the transfer of the	The state of the s
undistributed income for which a notice of			4	
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.	* * *	
d Subtract line 6c from line 6b. Taxable				· , , ;
amount - see instructions		0.	1. 17 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
e Undistributed income for 2007. Subtract line		, , , p = 1		Province to
4a from line 2a. Taxable amount - see instr	, , , , , , , , , , , , , , , , , , ,		0.	
f Undistributed income for 2008. Subtract			, ,	
lines 4d and 5 from line 1. This amount must	, ,			
be distributed in 2009			- •	0.
7 Amounts treated as distributions out of				,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003			- 3 , -	
not applied on line 5 or line 7	0.	•		
9 Excess distributions carryover to 2009.		, .		_
Subtract lines 7 and 8 from line 6a	1,077.	1		·
10 Analysis of line 9:		,		· 1
a Excess from 2004	1]	·	
b Excess from 2005	-	,		
c Excess from 2006		7		
d Excess from 2007	1	1		, ,
e Excess from 2008 1,077.				· · · · · · · · · · · · · · · · · · ·

	YS FOUNDATI			31-16	39319 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating		-	
foundation, and the ruling is effective fo	r 2008, enter the date of	the ruling			
b Check box to indicate whether the found	dation is a private operati	ng foundation described i	in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed	•	ļ	1	Ì	
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		}			
d Amounts included in line 2c not		· · 			
used directly for active conduct of					
exempt activities					İ
e Qualifying distributions made directly	-				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed		* * *	4		ļ
c "Support" alternative test - enter:					1
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public		İ			
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				<u> </u>	
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	n had \$5,000 or mo	re in assets
at any time during the	he year-see the i	nstructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation who	have contributed more	than 2% of the total contri	ibutions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed m	ore than \$5,000). (See so	ection 507(d)(2).)			
NONE			 		· · · · · · · · · · · · · · · · · · ·
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large port	on of the ownership of a pa	rtnership or
• •	a 10% of greater interes	l.			
NONE					
2 Information Regarding Contribution		• • • •	•		
Check here 🕨 🔛 if the foundation or					
the foundation makes gifts, grants, etc. (see instructions) to indivi	duals or organizations un	ider other conditions, c	omplete items 2a, b, c, and	d
a The name, address, and telephone numb	er of the person to whom	applications should be a	iddressed:		
SEE STATEMENT 5					
b The form in which applications should be	submitted and informat	on and materials they sho	ould include:		
			 		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	, such as by geographica	areas, charitable fields. k	rinds of institutions, or	other factors:	
• • • • • • • • • • • • • • • • • • • •	,	,	,,,,,		

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Form **990-PF** (2008)

Form 990-PF (2008) HUMPHREYS FOU			31-163	9319 Page 11
Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye		Pour out		
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATLANTIC GENERAL HOSPITAL, 9733 HEALTHWAY DR, BERLIN, MD 21811		501 (C)	OPERATING	10,000
DIAKONIA INC, 12747 OLD BRIDGE RD, OCEAN CITY, MD 21842		501 (C)	HOMELESS CENTER	2,500
WORCESTER DEVELOPMENTAL CENTER, P.O. BOX 70, NEWARK, MD 21841		ľ	SPECIAL EDUCATION CENTER	2,500.
			-	
Total		<u> </u>	▶ 3a	15,000.
b Approved for future payment				
NONE				
		1		
Total			▶ 3b	0.
		-		

Excluded by section 512, 513, or 514

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unicial	ed business income		ided by section 512, 513, or 514	(e)
1 Program conjuga rayanjia	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		1000	· ·	
a	ļ		\vdash		
b	ļ		┼		
c	ļ		┼	-	
đ			 		
e			 		
f			—		
g Fees and contracts from government agencies			—		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			14	4,498.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		At a spirit to kind of	, · ÷ ·	1 to 1 to 2 to 3 to 5 to 5 to 5 to 5 to 5 to 5 to 5	\$ 1 st 12
a Debt-financed property					
b Not debt-financed property					_
6 Net rental income or (loss) from personal					
property					
7 Other investment income					······································
8 Gain or (loss) from sales of assets other					
than inventory		· · · · · · · · · · · · · · · · · · ·	 		
· · ·					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
å			 		
b					
C			 -		
d					
e			ļ		
12 Subtotal. Add columns (b), (d), and (e)	4	0.		4,498.	
13 Total. Add line 12, columns (b), (d), and (e)				13	4,498.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom			contrib	outed importantly to the accomp	olishment of
 the foundation's exempt purposes (other than be 		nde for elieb nitranege)			
the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			
the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			
the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			
the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			
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the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			
the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			
the foundation's exempt purposes (other than b	y providing tu	nds for such purposes).			Form 990-PF (2008)

Unrelated business income

•		Exempt Organ		and managediens a	ind Helationships with Noticital	ILADI	3	
1	Did t		irectly engage in any of the follow	ring with any other organizatio	on described in section 501(c) of	Т	Yes	No
			;)(3) organizations) or in section (• •			
		•	lation to a noncharitable exempt o			ļ		, ·
		Cash	•	•		1a(1)		X
		Other assets	• • • • •			1a(2)		X
ı		r transactions:						
	(1)	Sales of assets to a noncharita	ble exempt organization			1b(1)	"	X
			ncharitable exempt organization			1b(2)		X
		Rental of facilities, equipment,				1b(3)		X
	(4)	Reimbursement arrangements				1b(4)		Х
	(5)	Loans or Ioan guarantees 👝				1b(5)		X
	(6)	Performance of services or me	embership or fundraising solicitat	ions		1b(6)		X
			uling lists, other assets, or paid er			1c		Х
(d If the	answer to any of the above is	"Yes," complete the following sch	nedule. Column (b) should alw	rays show the fair market value of the goods, o	ther ass	ets,	
	or se	rvices given by the reporting fo	oundation. If the foundation recei	ved less than fair market value	e in any transaction or sharing arrangement, sl	now in		
	colur	 	other assets, or services received	<u>. </u>				
(a)	Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, and s	hanng an	angeme	nts
			N/A					
				· · · · · · · · · · · · · · · · · · ·				
			, <u> </u>					
			<u> </u>	****				
				-	<u></u>			
								
					<u> </u>			
2a			ly affiliated with, or related to, one		ations described	_		i
			than section 501(c)(3)) or in sec	tion 527?		_ Yes	X	No
D	IT Yes	s," complete the following sche		(h) Type of aggregation	(a) Decreation of volutionals			
_		(a) Name of orga	inzation	(b) Type of organization	(c) Description of relationshi	<u>p</u>		
		N/A_		-				
_								
Т	Under p	enalties of perjury, I declare that I ha	ave examined this return, including according	mpanying schedules and statemer	nts, and to the best of my knowledge and belief, it is tn	IN COLLEC	+	
Į	and corr	plete. Declaration of preparer (other	than taxpayer or fiduciary) is based on	all information of which preparer ha	as any knowledge	10, 00, 00	"	
	. 2	Surral XX		15/14/10				
<u>.</u>	Sir	gnature of officer or trustee	www	Date	Title			
라		Preparer's		Date		s identify:	ng numb	er
5	<u>.</u> _>	signature signature	a Monto	1	AY 1 4 2010 employed >		• -····	
? :	Paid Preparer's Use Only	77.4.7.	CASSON & CO	LLP				
1	ઝ <u>중 항</u>	\ <u>G</u> '		COUNTANTS	EIN ►			
	ارة	address, and ZIP code OCEAN			Phone no. (410)	212	_ 270	10
		OCEAL	- CTIT MAKIDAN	D 710#7-3330		<u> 2 1 3 -</u> n 990 -		
					FIJIN			JUU I

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT	1
SOURCE	AMOUNT	
CD TAYLOR BANK ACCT# 154168458 CHECKING TAYLOR BANK ACCT# 154168401	4,48	36. L2.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	4,49	98.

FORM 990-PF	TAXES			STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAXES	155.	0.	155.	0.	
TO FORM 990-PF, PG 1, LN 18	155.	0.	155.	0.	

FORM 990-PF	OTHER EXPENSES STATEM			PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	930.	0.	930.	0.
TO FORM 990-PF, PG 1, LN 23	930.	0.	930.	0.

FORM 990-PF		LIST OF OFFICERS, AND FOUNDATION MAN	STATEMENT 4		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
EDWARD HAMMOND JR 313 S MAIN STREET BERLIN, MD 21811		PRESIDENT 1.00	0.	0.	0.
ELLEN H LANG 107 TINGLE ROAD BERLIN, MD 21811		SECRETARY 1.00	0.	0.	0.
WILLIAM H MITCHELI 24 N. MAIN STREET BERLIN, MD 21811		TREASURER 1.00	0.	0.	0.
SUSAN TAYLOR 1308 CALEB ROAD BERLIN, MD 21811		TRUSTEE 1.00	0.	0.	0.
WILLIAM D SMITH 11530 QUILLIN WAY BERLIN, MD 21811		TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON	1 990-PF, PAG	SE 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EDWARD H HAMMOND JR 313 S MAIN ST BERLIN, MD 21811

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

LETTER STATING PURPOSE AND SHOWING PROOF OF TAX EXEMPT STATUS AND LETTER FROM OFFICER STATING TAX EXEMPT STATUS IS IN GOOD STANDING. CRITERIA INCLUDE: THE PROPOSED GOOD TO THE COMMUNITY, THE ABILITY AND WILLINGNESS OF THE APPLICANT TO USE ITS OWN FUNDS, THE IMPORTANCE AND VIABILITY OF THE PROJECT. PROJECTS BENEFITING ENTITIES LOCATED IN OR PROVIDING SERVICES IN WORCESTER COUNTY, MARYLAND SHALL RECEIVE PREFERENCE.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

	ment of the Treasury Revenue Service File a separate application for each return.					
• If you are	filing for	an Automatic 3-Month Extension, complete only Part I and check this bo an Additional (Not Automatic) 3-Month Extension, complete only Part II t II unless you have already been granted an automatic 3-month extension on a	(on page 2	of this fo	rm).	
Part I	Automa	tic 3-Month Extension of Time. Only submit original (no copies need	eded).			
A corporation Part I only .		d to file Form 990-T and requesting an automatic 6-month extension—chec	k this box a	nd comp	olete ► □	
time to file i	ncome ta		·			
one of the relectronically returns, or a	returns no y if (1) yo composit	ile). Generally, you can electronically file Form 8868 if you want a 3-month at oted below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Form the or consolidated Form 990-T. Instead, you must submit the fully completed at son the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you ca is 990-BL, 6 nd signed pa	innot file 3069, or age 2 (Pa	Form 8868 8870, group art II) of Form	
Type or	Name o	f Exempt Organization		yer identification number		
print	HUMPH	REYS FOUNDATION INC	31-163	9319		
File by the due date for filing your	1	, street, and room or suite no. If a P.O. box, see instructions. SOUTH MAIN STREET				
return. See instructions.	-	vn or post office, state, and ZIP code. For a foreign address, see instructions.				
Check type	of return	n to be filed (file a separate application for each return):				
☐ Form 99	0	☐ Form 990-T (corporation)		☐ Form 4720		
☐ Form 99	0-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)		Form 5	227	
☐ Form 99	0-EZ	Form 990-T (trust other than above)		Form 6069		
S Form 99	0-PF	☐ Form 1041-A		Form 8	370	
Telephone If the orga If this is for the whole a list with the	No. ► unization or or a Group e group, e names	The care of ► WILLIAM H. MITCHELL 410-641-1700 FAX No. ► Choose not have an office or place of business in the United States, check this possible. The properties of the group Exemption Number (GEN) check this box ► □ . If it is for part of the group, check this box and EINs of all members the extension will cover. automatic 3-month (6 months for a corporation required to file Formula (GEN)	s box	 If and	this is attach	
until $\frac{F}{F}$	EBRUA organiza	$rac{RY}{15}$, 20 $rac{10}{10}$, to file the exempt organization return for the organization tion's return for:	named abo	ve. The	extension is	
		year 20 $_{}$ or beginning $_{}$ JULY 1 , 20 08 , and ending $_{}$ JU	INE 30	,	2009.	
2 If this t	ax year is	s for less than 12 months, check reason: Initial return Final return	☐ Change	in accou	inting period	
		n is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta undable credits. See instructions.	x, 3a	\$	80.00	
		n is for Form 990-PF or 990-T, enter any refundable credits and estimated to . Include any prior year overpayment allowed as a credit.	ax 3b	\$	80.00	
c Balanc deposit	e Due. S t with FT	ubtract line 3b from line 3a. Include your payment with this form, or, if required to coupon or, if required, by using EFTPS (Electronic Federal Tax Paymestructions.		\$	0.00	
Caution. If y for payment		oing to make an electronic fund withdrawal with this Form 8868, see Form 84 ons.	153-EO and	Form 88	79-EO	
For Privacy A	ct and Pa	perwork Reduction Act Notice, see Instructions.	Fo	m 886	3 (Rev. 4-2009)	

Form t	8868 (Rev	4-2009)				Page 2
Note	. Only co	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on p	nsion on a pre			. ▶ ⊠
Par		Additional (Not Automatic) 3-Month Extension of Time. Only file		I (no copies	needed)	
Type print	or	Name of Exempt Organization HUMPHREYS FOUNDATION, INC.		dentification	number	
File by the extended due date for		Number, street, and room or suite no. If a P.O. box, see instructions. 6 BAKER STREET		For IRS use	only	
filing the return instruc	he See	City, town or post office, state, and ZIP code. For a foreign address, see instructions ${\tt BERLIN}$, ${\tt MD}$ ${\tt 21811}$	- 		·	
Chec	k type	of return to be filed (File a separate application for each return):				
☐ F	orm 990	D ☑ Form 990-PF ☐ F	orm 1041-A		Form 6069	
☐ F	orm 990	D-BL	orm 4720		Form 8870	
<u></u> F∢	orm 990	D-EZ Form 990-T (trust other than above)	orm 5227			
STOF	P! Do no	ot complete Part II if you were not already granted an automatic 3-mont	h extension o	on a previou:	sly filed For	m 8868.
Tele If the	ephone ne orgar	nization does not have an office or place of business in the United State		box		. ▶ □
		r a Group Return, enter the organization's four digit Group Exemption Nie group, check this box \blacktriangleright \square . If it is for part of the group, che				
		names and EINs of all members the extension is for.				. •
		st an additional 3-month extension of time until MAY 15		2010.		
		endar year , or other tax year beginning JULY 1 , 20 0			30 .	2009.
6	If this to	ax year is for less than 12 months, check reason: Initial return	Final return [☐ Change i	n accountin	ng period
7	State in	n detail why you need the extension Additional time is no	eeded to	o compi	Le the	
	nece	ssary information to properly complete th	e form.			
	8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			x, 8a	\$	0
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any				•	
		paid previously with Form 8868		8b	<u>\$</u>	
		Due. Subtract line 8b from line 8a Include your payment with this form, or, if no coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			\$	0
		Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and	statements, and	to the best of m	ıy knowledge a	and belief,
i is tru	ie, correct	and complete, and that I am authorized to prepare this form				
Signati	ure ▶	Kiging Title CPA		Date ► (2/03/2	010
		James J.			m 8868 (Be	