

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



Form **990-EZ**

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form.

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

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

Open to Public Inspection

Contributions, gifts, grants, and sample and instructions of Contributions (as a complete return)		Α	For the 2008 ca	alendar	year, or tax year beginning	7/01	, 2008, and e	nding 6/30		. 2009
None season		_							D Employer	identification number
Name charge Foundation Inc. Inc. Foundation Inc.			Address change	Please	The National Crypto	ologic Muse	ıım		52-10	86104
Investment income Section Stift(XP) and the section Properties			Name change	label or	Foundation, Inc.	,10910 11abc	um .	-		
Termination Provided a completed Provided Provi			Initial return	type					•	
*Section 501(x/3) organizations and 4947(x/1) nonexempt charitable trusts must stack a completed Schedule A (Form 990 or 990-E2). **Section 501(x/3) organizations and 4947(x/1) nonexempt charitable trusts must stack a completed Schedule A (Form 990 or 990-E2). **Website: * www.nationalcryptologicmuseumfoundation.com J Organization type (check only rep) - [X] 501(x) (3) * (mest les) sept7(x) 501 **Check * If the organization is not a section 509(x/3) supporting organizationariate type (check only rep) - [X] 501(x) (3) * (mest les) sept7(x) 502 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and 75, to line 9 to determine gross: receptis; d \$1,000 000 or more, file Form 990 **Lead interes \$5, 65, and \$5, and s minis amounts received **Lead interes \$5, 65, and \$5, and s minis amounts received **Lead interes \$5, 65, and \$5, and			Termination	Specific		MD 20755-	1682	ļ.	301-6	088-5436
* Section Strick(3) organizations and 4837(x)/1) nonexempt charitable trusts Website www.nationalcryptologicmuseumfoundation.com 1 Website 1 Website www.nationalcryptologicmuseumfoundation.com 1 Website 1		=		instruc-					F Group E	
Website: * www.nationalcryptologicmuseumfoundation.com					<u> </u>			<u></u> i		
Website: * WWW.nationalcryptcologicmuseumfoundation.com 527 990-E7 990-P7 187			• Section n	501(c)(. nust att	3) organizations and 4947(a)(1) . 'ach a completed Schedule À (F	nonexempt chari orm 990 or 990-E	itable trusts Z).			Cash
			144 1 . 11							
Contributions gits, grants, and similar amounts received 1 71, 782 71, 783 7								required to a	attach Sche 190-PF1	edule B (Form 990,
Add Investment								1		
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 \$\$ 131, 208		r\	\$25,000 A retu	ine org irn is no	partization is not a section 509(a of required, but if the organizati	on chooses to fil	organization and its g e a refurn, be sure	iross receipts are to file a complete	normally n Freturn	ot more than
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)										
1 71,782.			instead of Form	<u>1 990-E.</u>	.Z		<u> </u>		▶\$	
2 Program service revenue including government fees and contracts 3 3 3 3 3 3 3 3 3		Pa	rt I Reve	enue,	Expenses, and Changes	in Net Assets	or Fund Balan	ces (See the	instruction	
3 Membership dues and assessments 3 4 3,739.									1	71,782.
4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b 5c			2 Program	service	revenue including government	fees and contrac	ots		2	
Sa Gross amount from sale of assets other than inventory be bess, cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) Social events and activities (complete applicable parts of Schedule (3) if any amount is fromgaming, check here of contributions a Gross revenue (not including \$ cof contributions reported on line !) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 9 106, 498. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 106, 498. 15 Printing, publications (Bostage, and shipping) 15 12, 493. 16 Occupancy, rent, utilities, and maintenance 17 Total expenses (add liefs 10 through 16) 17 Total lines (Bostage) 17 Total expenses (add liefs 10 through 16) 17 Total expenses (add liefs 10 through 16) 18 Sees Statement 1 10 11. 18 Occupancy, rent, utilities, and maintenance 19 See Statement 1 10 11. 19 Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pror year's return) 19 10 11. 19 Not assets or fund balances at end of year. Combine lines 18 through 20 10 Port changes in net assets or fund balances (attach explanation) 19 10 11. 20 Other changes in net assets or fund balances (attach explanation) 10 11 11. 21 Cash, savings, and investments 10 10 11. 22 Cash, savings, and investments 10 10 11. 23 Land and buildings 24 Other assets (describe 1 See Statement 4 1 12, 167, 126 22, 20.18. 25 Total issets 1703,715, 125 704, 833. 26 Total sees of fund balances (ine 27 of column (B) must agree with line 21) 691,			3 Members	hip due	s and assessments				3	
b Less, cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventery (Subtract In 5b from In 5a) (att sch) c Special events and activities (complete applicable parts of Schedule 6) If any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b) c Net income or (loss) from special events and activities (Subtract line 6b) c Net income or (loss) from special events and activities (Subtract line 7b from line 6a) b Less cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less cost of goods sold c Gross profit or flow profit or from benefit in 11 from line 7a) b Less cost of goods sold c Gross profit or from members line profit profit or from profit or from line 7a, column (A) (must agree with end-of-year figure reported on prior year's return) line profit profit or file year (Subtract line 17 from line 9) line profit profit profit year (Subtract line 17 from line 9) line profit profit profit year (Subtract line 17 from line 9) line profit profit year (Subtract line 17 from line 9) line profit profit year (Subtract line 17 from line 9) line profit year (Subtract line 17 from line 9) line profit year (Subtract line 17			4 Investme	nt incor	ne				4	3,739.
C Gain or (loss) from sale of assets other than inventory (Subtract in 50 from in 5a) (att sch) Special events and activities (complete applicable parts of Schedule G) if any amount is fromgaming, check here a Gross revenue (not including \$ of contributions reported on line 1)			5a Gross am	ount fro	om sale of assets other than in	ventory	5a			
Special events and activities (complete applicable parts of Schedule 6) If any amount is fromgaming, check here	\square		b Less. cos	st or oth	ier basis and sales expenses		5 b			
Special events and activities (complete applicable parts of Schedule 6) If any amount is fromgaming, check here	20	RE	c Gain or (los	s) from s	ale of assets other than inventory (Subt	ract In 5b from In 5a)	(att sch)		5 c	
Part Part Part Part Part Part Part Part Part Part Part Part Part P		Ϋ́	6 Special ever	nts and a	ctivities (complete applicable parts of So	chedule G) If any am	ount is from gaming, chei	ck here		
Part Part Part Part Part Part Part Part Part Part Part Part Part P		Ň	a Gross rev	/enue (r	not including\$	of contri	butions			
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11			reported	on line	1)	<u> </u>	6a	53,7	96.	
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11	É		b Less dire	ect expe	enses other than fundraising ex	penses	6b			
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11	$\vec{\neg}$				-					29.210.
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11	\Box				•			1.8	1	
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11										
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11	\$		c Gross pro	ofit or (I	loss) from sales of inventory (S	ubtract line 7b fr				1.767.
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11							•			
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11				•		nd 8)	·	···	-′ —	106.498.
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 41,111. 13 16 34,500. 14 15 15 12,493. 15 12,493. 15 12,493. 15 17 101,119. 16 39,015. 17 101,119. 18 5,379. 18 5,379. 19 Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 691,548. 19 691	U)0						····			200/130.
12 Salaries, other compensation, and employee benefits 13 41, 111.		_	11 Renefits i							
16 0 17 101 119 101 119 119 120 1		E	12 Salaries			nefits			-	41 111
16 0 17 101 119 101 119 119 120 1		IE-	13 PROPERTY				'			
16 0 17 101 119 101 119 119 120 1		N	14 Occupand			andonic oorna dotor	J		 	0,300.
16 0 17 101 119 101 119 119 120 1		Ě	15 Printing	oublicat	tions (postage, and shipping					12 493
17 Total expenses (add 16 10 101 119 101 119 118 5 379 18 5 379 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 691, 548 20 -14, 113 682 814 19		्रिव	16 Other extent	Ses Adds	See Statement 1			,		
18		त	17 Total exp	enses ((add lines 10 through 16)			/		
Second S		11				from line 9)				
19 691,548. 20 Other changes in net assets or fund balances (attach explanation) See Statement 2 20 −14,113. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ≥1 682,814. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 24 23 Land and buildings 26,540. 24 56,611. 24 Other assets (describe See Statement 3 26,540. 24 56,611. 25 Total assets 703,715. 25 704,832. 26 Total liabilities (describe See Statement 4 12,167. 26 22,018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691,548. 27 682,814.		A	OGUE	M, U	To the year (Gastract III)	"	(4)			
20 Other changes in net assets or fund balances (attach explanation) See Statement 2 20 -14,113. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 682,814. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments 23 (B) End of year (B) End of year (Cash, savings, and investments 23 (Cash, savings, and solutions) (Cash, savings, and investments 23 (Cash, savings, and solutions) (Cash, savings, and investments 25 (Cash, savings, and investments 26,540. (Cash, savings, and investments 26,540. (Cash, savings, and investments 26,540. (Cash, savings, and investments 25 (Cash, savings, and investments 26,540. (Cash, savings, and investments 27 (Cash, savings, and investments 28 (Cash, savings, and investments 29 (Cash, savings, and investments 29 (Cash, savings, and investments 20 (Cash, savings, and investm		N S	Net-asset figure rep	i s-or-iur ported o	n prior year's return)	ir (from line 2/, o	column (A)) (must a	igree with end-of-		601 5/18
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ See the instructions for Part II (A) Beginning of year (B) End of year		ŦĦ	-		• •	attach evolanatio	n) See S	tatement 2		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 677, 175. 22 648, 221. 23 Land and buildings 23 24 Other assets (describe ► See Statement 3 26, 540. 24 56, 611. 703, 715. 25 704, 832. 25 Total liabilities (describe ► See Statement 4 12, 167. 26 22, 018. 27, 167. 26 22, 018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691, 548. 27 682, 814.		Ś		-	•	•	•	La comerce 2		
(See the instructions for Part II) 22 Cash, savings, and investments 677, 175. 22 648, 221. 23 Land and buildings 23 24 256, 540. 24 24 256, 540. 24 256, 540. 24 256, 540. 24 256, 540. 24 256, 540. 24 256, 611. 25 256, 611. 25 266, 540. 266, 540. 27 266, 540. 27 266, 540. 28 28 28 28 28 28 28 2		Pa						ore file Form 000		
22 Cash, savings, and investments 677, 175. 22 648, 221. 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 26,540. 24 56,611. 25 Total assets 703,715. 25 704,832. 26 Total liabilities (describe ► See Statement 4) 12,167. 26 22,018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691,548. 27 682,814.	,		Ten Daia	1100 0			16 \$2,500,000 of The			
23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 26,540. 24 56,611. 25 Total assets 703,715. 25 704,832. 26 Total liabilities (describe ► See Statement 4) 12,167. 26 22,018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691,548. 27 682,814.		22	Cash savings	s and u	•	art ir j				
24 Other assets (describe ► See Statement 3) 26,540. 24 56,611. 25 Total assets 703,715. 25 704,832. 26 Total liabilities (describe ► See Statement 4) 12,167. 26 22,018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691,548. 27 682,814.		_	-		,,,,odanomo					040,221.
25 Total assets 703,715. 25 704,832. 26 Total liabilities (describe ► See Statement 4) 12,167. 26 22,018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691,548. 27 682,814.	\			-	he > See Statement 3	`		76		EC 611
26 Total liabilities (describe > See Statement 4) 12,167. 26 22,018. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691,548. 27 682,814.	٠, ٠			(acount	so <u>bee beacement 5</u>			702	715 25	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 691, 548. 27 682, 814.		_	_	~?ah}` ≥	ribe - See Statement					
							ine 21)			
BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)									J40. [2/]	Form 990-EZ (2008)

Form 990-EZ (2008)

	990 EZ (2008) The National Cr	vptologic Museum			-198	36104 Page 2
Par	3					Expenses
Desc	s the organization's primary exempt purpose? Suribe what was achieved in carrying out the ribe the services provided, the number of am title	ipport for the Natine organization's exempt purple for other	onal Cryptolog poses in a clear and co relevant information for	ic Museum oncise manner, reach	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
28						
29	(Grants \$) If th	nis amount includes foreign g	rants, check here		28a	74,998.
30	(Grants \$) If th	nis amount includes foreign g	rants, check here	> [29a	
		nis amount includes foreign g	rants, check here		30 a	
	Other program services (attach schedule (Grants \$) If the	>	31 a			
Par	Total program service expenses(add lin		-1	>	32	74,998.
Par		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and ation	and other allowances
					_	_
See	Statement 6		0.		0.	0.
-						
 -						
	·				į	
	·					
BAA		TEEA0812L 0	l)1/14/09	L		Form 990-EZ (2008)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		v
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35				
	attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	b Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on line 9 39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities. a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the	- -		
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ 0.			
	d Enter amount of tax on line 40c reimbursed by the organization	}		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		 	
	List the states with which a copy of this return is filed MD	40 e		X
42	a The books are in care of ► Edward Jacobs Located at ► 9900 Colony Seven Road, Ft Meade, MD Ft George G. Mead ZIP + 4 ► 20755	<u>88-5</u>	436_	 -
]	Yes	No.
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.	42b	162	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the US?	42c		$\overline{\mathbf{x}}$
	If 'Yes,' enter the name of the foreign country	<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	,,		v
45	Is any related organization a controlled entity of the organization within the meaning of section 512/b)(13)? If 'Yes'	44		<u>X</u> _
	Form 990 must be completed instead of Form 990-EZ	45		X
BAA	TEEA0812L 01/14/09 Fo	rm 99 0	J-EZ ((2008)

	EZ'(2008) The National Crypto		<u> </u>		52-1986			age 4
Part VI	Section 501(c)(3) organization and complete the tables for lin	es 50 and 51.	501(c)(3) org	anizations mu:	st answer qu Se <u>e</u> Sta			19
46 Did t	the organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule	ct political campaign a	ctivities on behalf	f of or in opposition	on to candidate:	s 46	Yes	No X
•	the organization engage in lobbying activi	•	Schedule C, Par	t IJ		47		X
	e organization operating a school as desc	•			dule E	48		X
	the organization make any transfers to an	•	related organiza	ition?		49a		X
	es,' was the related organization(s) a sec	-				49b		
50 Com rece	plete this table for the five highest compe lived more than \$100,000 of compensation	ensated employees (oth n from the organization	er than officers, If there is none,	directors, trustees enter 'None '	and key emplo	oyees) wh	no ead	:h
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensate	` benefit	ons to employee plans and ompensation	(e) Ex accour other all	nt and	š
None								
							-	
					<u> </u>			
Total number	r of other employees paid over \$100,000							
51 Com	plete this table for the five highest competence the organization of there is none, enter	ensated independent co None '	ntractors who ea	ch received more	than \$100,000	of comp	ensati	on
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of se	rvice	(c) Comp	ensatio	
None_								
			=	-				
								
				 -				
Total num	ber of other independent contractors rece	iving over \$100,000	>					
	Under penalties of perjury, I declare that I have exan true, correct, and complete. Declaration of preparer (nined this return, including according than officer) is based on	ompanying schedules a all information of which	nd statements, and to to preparer has any know	he best of my knowle wledge	edge and be	lief, it is	,
	90. Oh.	11		١ .	11-6-			
Sign Here	Signature of officer				2/17/09			
11010		~ EDWAR	D JACOR	S - TREA	CHRER			
	Type or print name and title							
Paid	Preparer's	/ 1/2	Date	Check self		rer's Identif	ying Nui	nber
Pre-	signature Robert M. Adkin	A TOPA US		1/09 emplo	oyed ► N/F	1		
parer's Use	Firm's name (or yours if self employed), Bishop & Adkins 612 Rockspring	<u>, PA</u> Avenue		EIN	► N,	/ A		
230	address and			EIN	- 11/	. * 7		

Bel Air, MD 21014

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

Only

BAA

Phone no ►

(410) 893-7453

►X Yes No Form 990-EZ (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.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number The National Cryptologic Museum 52-1986104 Foundation, Inc. Part | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only**one** organization) A church, convention of churches or association of churches described insection 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described insection 170(bX1XAXiii). (Attach Schedule H) Δ A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described insection 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) 7 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 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 Part III) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se**section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 C Type III - Functionally integrated Type III- Other d | 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 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? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (1) 11g(ı) 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 (iii) Type of organization (described on lines 1-9 above or IRC section (I) Name of Supported (ii) EIN (v) Did you notify (vi) is the (VII) Amount of Support organization in col (i) organized in the US? rganization in co (i) listed in your the organization in col (i) of your support? governing document? (see instructions) Yes Yes No Yes No Total

<u>, u</u>	(Complete only if you check	-		•	од і дадіў апс	у <u>у</u> дугуароч к	17	
Sec	tion A. Public Support	CG GIO DOX OIT IIIIC	S, 7, Or O OF FAIL	<u>'/</u>				
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	96,820.	200,704.	376,142.	111,735.	71,782.	857,183.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	:					0.	
4	Total. Add lines 1-3	96,820.	200,704.	376,142.	111,735.	71,782.	857,183.	
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)						204,776.	
	Public support. Subtract line 5 from line 4						652,407.	
Sec	tion B. Total Support	···						
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4	96,820.	200,704.	376,142.	111,735.	71,782.	857,183.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,035.	2,629.	3,806.	8,384.	3,739.	20,593.	
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.	
11	Total support. Add lines 7 through 10						877,776.	
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu							
14 15	Public support percentage for 20 Public support percentage for 20	, ,	``	e 11, column (f).		14	74.3 % 70.5 %	
16 a	33-1/3 support test – 2008. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported org	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, che	ck this box	
t	33-1/3 support test— 2007. If the and stop here. The organization	organization did qualifies as a pub	not check a box of licly supported org	n line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, che	ck this box	
17 a	7a 10%-facts-and-circumstances test— 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ □							
t	o 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 to here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18 BAA	Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990 EZ) 2008							

Page 3 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 yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 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 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year(or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 **(d)** 2007 **(e)** 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, 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) 13 Total support. (add ins 9, 10c, 11, and 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 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 b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box andstop 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 99	90-EZ) 2008	The Nat	ional Cry	ptologic	Museum	52-1986104	Page 4
Part IV	Supplement	al Informat	ion. Comp	ete this pa	rt to provide	the explanation	on required by Part II, line information. (see instruction)	10;
	Part II, line I	/a or 1/b;	or Part III,	line 12. Pr	ovide any of	ner additional	information. (see instructi	ions)
	- 							
								
			_					
			-					
~ ~								
								
								

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization	ame of the organization The National Cryptologic Museum Employer identification number									
	Foundation,	lnc.					52-198610			
1 Indicate whe	ether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that	apply			
Mail soli	icitations				Solicitation of non-	governn	nent grants			
Email so	olicitations				Solicitation of gove	rnment	grants			
Phone s	solicitations				Special fundraising	events				
In-perso	on solicitations									
2a Did the orga	2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key									
employees I	isted in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	57	∐Yes ∐No		
b If 'Yes,' list	b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table									
compensate	d at least \$5,000 by tr	ie organization.	. Form 990	JEZ filers a	are not required to com					
(ı) Name	e of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Ar	nount paid to retained by)	(vi) Amount paid to		
or entity	y (fundraiser)	(.,,		dy or control ibutions?	from activity		aiser listeď in	(or retained by)		
		 -				ļ <u>.</u>	col.(i)	organization		
			Yes	No						
			İ							
			 							
			1	ľ						
		-	 				-			
	***	1-	 	-						
		-	<u> </u>							
			ļ							

							-			
						-				
····			<u> </u>	L						
T-4-1				أير						
Total						l <u>.</u>				
3 List all state	s in which the organiz	ation is register	red or lice	nsed to so	licit funds or has been	notified	it is exempt fro	m registration		
or licensing.										
					·					
										
			-							
		-								
		-								

Schedule	G (Form 990 or 990 EZ) 2008 The National Cryptologic Museum	52-1986104
Part II	Fundraising Events. Complete if the organization answered 'Yes' to Form of	990. Part IV. line 18. or

Page 2

	_	reported more than \$15,000 on F		, 				
			(a) Event #1 Golf Trnmnt	(b) Event #2	(c) Other Events	(d) Total	(a) thr	nts ough
R			(event type)	(event type)	(total number)	col	(c))	
WC2M <a3< td=""><td>1</td><td>Gross receipts</td><td>53,796.</td><td></td><td></td><td></td><td>53,7</td><td>196.</td></a3<>	1	Gross receipts	53,796.				53,7	196.
Ē	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	53,796.				53,7	96.
•	4	Cash prizes			,, <u> </u>			
DIRECT	5	Non-cash prizes	185.				1	85.
	6	Rent/facility costs	12,246.				12,2	246.
EXPENSES	7	Other direct expenses	12,155.				12,1	55.
E S	8	Direct expense summary Add lines 4- ti	hrough 7 in column (d)		•		24,5	86.
	9	Net income summary Combine lines 3 a			•		29,2	210.
Par	τ III]	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or re	ported m	ore th	an ——
RE>E20E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	al gamı (a) thr (c))	ng ough
Ē	1	Gross revenue						
F	2	Cash prizes						
DIRECT	3	Non-cash prizes.						
C S T E S	4	Rent/facility costs						_
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•		_	
	8	Net gaming income summary. Combine I	ines 1 and 7 in column	(d)	▶			
•							YES	NO
		er the state(s) in which the organization op ie organization licensed to operate gaming				 9a		
		o,' Explain.	g detivities in each or a	icae states.		34		
10a	 Wer	e any of the organization's gaming license				 10a		
		es,' Explain		g (1)				
11	Doe:	s the organization operate gaming activities	es with nonmembers?			 11		
	Is th	ne organization a grantor, beneficiary or tri ninister charitable gaming?		ember of a partnership o	or other entity formed to			
ВЛЛ		gaining				12		

Schedule G (Form 990 or 990-E2) 2008 The National Cryptologic Museum	52-1986104	±	Pa	age 3			
,			YES	NO			
13 Indicate the percentage of gaming activity operated in				}			
a The organization's facility							
b An outside facility		-					
14 Provide the name and address of the person who prepares the organization's gaming/special events to	ooks and records						
Name ►							
Address. ►				ļ			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?							
b If 'Yes,' enter the amount of gaming revenue received by the organization \$a	nd the amount			1			
of gaming revenue retained by the third party \$		İ		1			
c If 'Yes,' enter name and address				1			
Name: ►							
Address •							
16 Gaming manager information							
Name ▶							
Gaming manager compensation ► \$!			
Description of services provided							
☐ Director/officer ☐ Employee ☐ Independent contractor							
17 Mandatory distributions			į	1			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?	<u> </u>	17a					
b Enter the amount of distributions required under state law distributed to other exempt organizations of	r spent in the			i			
organization's own exempt activities during the tax year: ► \$				1			

BAA

TEEA3703L 07/18/08

Schedule **G** (Form 990 or 990-EZ) 2008

2008 	Federal Statements The National Cryptologic Museum Foundation, Inc.	Page 1 52-1986104
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses Acquisitions - artifacts Advertising and Promotion Bank charges Communications Depreciation Dues & subscriptions Insurance Insurance Meetings Miscellaneous Other special programs Other taxes Supplies		\$ 11,271. 7,359. 1,064. 1,468. 1,825. 285. 1,833. 317. 4,548. 967. 2,595. 200. 5,283.
Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or F Accrual to cash adjustment	und Balances	Total \$ -14,113. -14,113.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets		
Accounts Receivable Furniture and Fixtures Machinery and Equipment Pledges and Grants Receivab Prepaid Expenses and Deferr	ed Charges	Beginning Ending \$ 2,105. \$ 3,000. 5,484. 4,378. 668. 47,133. 14,851. 0. 3,432. 2,100. \$ 26,540. \$ 56,611.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities		_BeginningEnding
Accounts Payable and Accrue Secured Mortgages and Notes	Payable	\$ 9,991. \$ 22,018. 2,176. 0. \$ 12,167. \$ 22,018.

- -

Federal Statements

Page 2

The National Cryptologic Museum Foundation, Inc.

52-1986104

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Museum support and membership developement: Providing artifacts, exhibits, equipment and services to the National Cryptologic Museum (an instrumentality of The United States Defense Department). Promoting and serving (by such means as announcements, newsletters and the web site) the membership of the foundation. These members constitute a network of supporters for the museum.

Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
John E. Morrison	Pres. Emeritus \$	0.	\$ 0.	\$ 0.
Davidsonville, MD 21035	1.00			
Eugene J Becker	President	0.	0.	0.
Ellicott City, MD 21042	6.00			
Kirsten Eland	Secretary	0.	0.	0.
Ft Meade, MD 20755	2.00			
Edward Jacobs	Treasurer 12.00	0.	0.	0.
Columbia, MD 21044	12.00			
Leonard Moodispaw	General Counsel	0.	0.	0.
Crownsville, MD 21032	2.00			
Joan Dempsey	Board Member	0.	0.	0.
Alexandria, VA 22301	1.00			
Billy Bingham	Committee Chair	0.	0.	0.
Springfield, VA 22153	1.00			
Rod Isler	Board Member	0.	0.	0.
Annapolis, MD 21401	1.00			
Lincoln Faurer	Chairman	0.	0.	0.
McLean, VA 22102	2.00			

20	0	8

Federal Statements

The National Cryptologic Museum Foundation, Inc.

Page 3 52-1986104

Statement 6 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Robert Fitch	Board Member \$	0.	\$ 0.	\$ 0.
Arlington, VA 22207	1.00			
Rick Knop	Board Member 1.00	0.	0.	0.
McLean, VA 22101	1.00			
David Gaddy	Board Member 1.00	0.	0.	0.
Tappahannock, VA 22560	1.00			
Keith Hall	Board Member	0.	0.	0.
Annapolis, MD 21401	1.00			
Lee Hanna	Board Member	0.	0.	0.
Columbia, MD 21045	1.00			
Robert Hermann	Board Member	0.	0.	0.
Simsbury, CT 06070	1.00			
David Kahn	Board Member	0.	0.	0.
Great Neck, NY 11023	1.00			
Michael Jacobs	Vice President	0.	0.	0.
College Park, MD 20740	2.00			
James Pryde	Board Member	0.	0.	0.
Upper Marlboro, MD 20772	1.00			
James Schlesinger	Board Member	0.	0.	0.
Ft. George G. Meade, MD 20755	1.00			
Mark Lowenthal	Board Member	0.	0.	0.
Reston, VA 20194	1.00			
David D'Auria	Committee Chair	0.	0.	0.
Columbia, MD 21045	3.00			

Federal Statements The National Cryptologic Museum Foundation, Inc.

Page 4

52-1986104

Statement 6 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
David Hamer	Committee Chair \$	0.	\$ 0.	\$ 0.
Mullica Hill, NJ 08062	3.00			
Art Money	Board Member 1.00	0.	0.	0.
Alexandria, VA 22309	1.00			
Lisa Trombley	Board Member 1.00	0.	0.	0.
Fairfax, VA 22030	1.00			
William Arrington	Committee Chair 3.00	0.	0.	0.
Rockville, MD 20852	3.00			
John Garcia	Committee Chair 2.00	0.	0.	0.
Laurel, MD 20724	2.00			
Sarah Botsai	Committee Chair 1.00	0.	0.	0.
Rockville, MD 20852	1.00			
Robert E. Rich	VP Emeritus O	0.	0.	0.
Ft. George G. Meade, MD 20755	0			
Frank Saus	Committee Chair	0.	0.	0.
Ft. George G. Meade, MD 20755	Ü			
Michael S. Green	Committee Chair	0.	0.	0.
Ft. George G. Meade, MD 20755	0			
Dennis C. Eshoo	Committee Chair	0.	0.	0.
Ft. George G. Meade, MD 20755	U			
Barbara McNamara	Committee Chair	0.	0.	0.
Ft. George G. Meade, MD 20755	0			
	Total 🖺	0.	\$ 0.	\$ 0.

2008

Federal Statements

Page 5

The National Cryptologic Museum Foundation, Inc.

52-1986104

Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

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

No

No

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	e Service		File a separate application for each retur	'n.	
If you are filing for an Automatic 3-Month Extension, complete only Part and check this box			▶ X		
			omatic) 3-Month Extension, complete only Part		
Do not com	plete Part II unles	s vou have alrea	dy been granted an automatic 3-month extension	on on a previously filed F	/ Form 8868
			sion of Time. Only submit original (no		
	, acomado o i	MONTH EXTONS	sion of time. Only subtritt original (no	copies needed).	
A corporatio	n required to file	Form 990-T and	requesting an automatic 6-month extension-ch	neck this box and compl	ete Part I only
All other cor income tax i	rporations (includ returns	ing 1120-C filers), partnerships, REMICS, and trusts must use Fi	orm 7004 to request an	extension of time to file
returns note the addition: Form 990-T	d below (6 month al (not automatic) Instead, vou mu	ns for a corporati) 3-month extens ist submit the ful	lectronically file Form 8868 if you want a 3-mont ion required to file Form 990-T). However, you c sion or (2) you file Forms 990-BL, 6069, or 8870 ly completed and signed page 2 (Part II) of Form e-file for Charities & Nonprofits	annot file Form 8868 ele	ectronically if (1) you want
	Name of Exempt Or	ganization		Emp	loyer identification number
Type or	The Nation	nal Cryptol	ogic Museum		
print	Foundation	n, Inc.		52	-1986104
File by the due date for	Number, street, and	room or suite number	If a P O box, see instructions		
filing your return See	P.O. Box 1	1682			
instructions			de For a foreign address, see instructions	· · · · · · · · · · · · · · · · · · ·	
	Ft George	G. Meade,	MD 20755-1682		
Check type		···	e application for each return).		···
Form 99		` ' [Form 990-T (corporation)	Form 4720	
Form 99	0-BL		Form 990-T (section 401(a) or 408(a) trust)	Form 5227	
X Form 99		<u> </u>	Form 990-T (trust other than above)	Form 6069	
Form 99		-	Form 1041-A	Form 8870	
If the orgIf this is check the exter1 I reque	for a Group Returns box	not have an office irn, enter the org f it is for part of 3-month (6 mont	FAX No e or place of business in the United States, check panization's four digit Group Exemption Number the group, check this box in and attach a light for a corporation required to file Form 990-T; the exempt organization return for the organization return for the organization.	(GEN) If this ist with the names and E	
	tension is for the	organization's r		ation harried above	
► <u>X</u>	tax year beginn	ing _ <u>7/01</u> _	, 20 08 , and ending $6/30$,	20 _09_	
2 If this	tax year is for les	s than 12 month	s, check reason	nal return Chan	ge in accounting period
	application is for undable credits		90-PF, 990-T, 4720, or 6069, enter the tentative		a \$ 0.
b If this made	application is for Include any prior	Form 990-PF or year overpayme	990-T, enter any refundable credits and estimatent allowed as a credit	ted tax payments	b \$ 0.
c Baland deposi See in	te Due.Subtract I t with FTD coupo structions	ine 3b from line n or, if required,	3a Include your payment with this form, or, if re by using EFTPS (Electronic Federal Tax Payme	equired, ent System)	c \$ 0.
Caution. If y payment ins	ou are going to ritructions	nake an electron	ic fund withdrawal with this Form 8868, see For	m 8453-EO and Form 88	
BAA For Pr	ıvacy Act and Pa	perwork Reduct	ion Act Notice, see instructions.		Form 8868 (Rev 4-2009)