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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)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2008 calendar year, or tax year beginning Sep 1, 2008, **and ending** Aug 31, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization IABA Foundation Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 369 City or town, state or country, and ZIP + 4 Windsor CT 06095	D Employer identification number 20-0761668 E Telephone number (877) 829-5500 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 17,274.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		17,250.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule B). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ Interest Income)	8	24.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	17,274.
	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	33,250.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,368.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	8,719.
	17 Total expenses (add lines 10 through 16)	17	45,337.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,063.
	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	27,683.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-380.

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
22	Cash, savings, and investments	27,683.	17,085.
23	Land and buildings	0.	0.
24	Other assets (describe ▶)	0.	0.
25	Total assets	27,683.	17,085.
26	Total liabilities (describe ▶ See L-26 Stmt)	0.	17,465.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,683.	-380.

8
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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Develops educational activities related to actuarial science</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
28	<u>Provide educational scholarships to individuals of African American descent who are engaged in actuarial studies. These contributions increase the participation and retention of persons involved in the actuarial sector who want to give back to their communities through mentoring and coaching.</u> (Grants \$ <u>33,250.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 33,250.
29	<u>Held annual meeting providing educational seminars to membership to improve both technical and professional skills.</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 6,642.
30	----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 39,892.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Sharon K Robinson</u> <u>1N324 Inverness Court</u> <u>Winfield IL 60190-2315</u>	President 15.00	0.	0.	
<u>Claudia R Campbell</u> <u>201 Picket Lane</u> <u>Windsor CT 06095</u>	Vice President 10.00	0.	0.	
<u>Keren C Charles</u> <u>1201 South Scott Street Apt 802 C</u> <u>Arlington VA 22204-4694</u>	Secretary 10.00	0.	0.	
<u>Damon C Silver</u> <u>2008 Lime Street</u> <u>Durham NC 27704-6100</u>	Treasurer 10.00	0.	0.	
<u>Arthur R Randolph</u> <u>6284 Fernstone Trail N.W.</u> <u>Acworth GA 30101-3850</u>	Director 10.00	0.	0.	
<u>Roosevelt Mosley</u> <u>3807 Baldocchi Drive</u> <u>Bloomington IL 61704</u>	Director 10.00	0.	0.	
<u>Nana Prempeh</u> <u>2 Park Place</u> <u>Harford CT 06106</u>	Director 10.00	0.	0.	
<u>Jennifer Middough</u> <u>1499 Longfellow Ave</u> <u>Bronx NY 10460</u>	Director 10.00	0.	0.	
<u>Jennifer Clark</u> <u>528 Sheridan Rd Unit #2-B</u> <u>Evanston IL 60202</u>	Director 10.00	0.	0.	

Part V Other Information (Note the statement requirement in General Instruction V.)

		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		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
	38b		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
	39a		
b	Gross receipts, included on line 9, for public use of club facilities		
	39b		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
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		X
40b			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
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		X
	40e		
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ Jamala Murray Telephone no. ▶ (860) 219-9534
 Located at ▶ 8646 Springwater Drive Richmond VA ZIP + 4 ▶ 23228

		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: ▶ _____		X
	42b		
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 U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X
	42c		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
	45		

Part VII Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

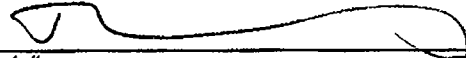
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

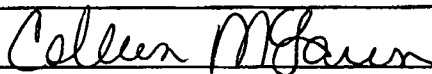
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
none				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: 
 Date: 07/14/10
 Type or print name and title: IABA TREASURER Jamala Murray Jamala Murray

Paid Preparer's Use Only
 Preparer's signature: 
 Date: 7/14/10
 Check if self-employed:
 Preparer's Identifying Number (See instructions): P04160088
 Firm's name (or yours if self-employed), address, and ZIP + 4: COLLEEN MCLAREN CPA
 2260 RIDGE VIEW DR
 WARRINGTON PA 18976
 EIN: _____
 Phone no: (215) 262-8622

May the IRS discuss this return with the preparer shown above? See instructions... Yes No
 BAA Form 990-EZ (2008)



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning 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'.)	18,250.	31,750.	43,462.			93,462.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
4 Total. Add lines 1-3	18,250.	31,750.	43,462.			93,462.
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)						
6 Public support. Subtract line 5 from line 4						93,462.

Section 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	18,250.	31,750.	43,462.			93,462.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						93,462.

12 Gross receipts from related activities, etc. (see instructions) 12

13 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	18.19 %

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

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
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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 from 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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	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 and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Name as Shown on Return IABA Foundation	Employer Identification No. 20-0761668
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Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Due To/From International Assoc Black Actuaries Organization	0.	17,465.
Totals to Form 990-EZ, Part II, line 26	0.	17,465.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Advertising</u>	<u>350.</u>
<u>Annual Meetings/Seminars</u>	<u>6,642.</u>
<u>Bank Charges</u>	<u>187.</u>
<u>Insurance</u>	<u>938.</u>
<u>Travel Expenses</u>	<u>602.</u>
Total	<u>8,719.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment .. Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business .. <input type="checkbox"/> Person .. <input checked="" type="checkbox"/> <u>Kesse Kwabena</u> <u>PO Box C770</u> <u>Accra Ghana</u>	<u>none</u>	<u>7,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment .. Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business .. <input type="checkbox"/> Person .. <input checked="" type="checkbox"/> <u>Tolulope Bukola</u> <u>512 SW 34th Street</u> <u>Gainsville FL</u>	<u>none</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Jessica Morse</u> <u>8 Devon rd</u> <u>Savannah GA</u>	<u>none</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Stephen Nyamapfumba</u> <u>Apt # 1534 1301 Crossing Place</u> <u>Austin TX 78741</u>	<u>none</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Jeffrey Carrington</u> <u>100 St. John's University</u> <u>Queens NY</u>	<u>none</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Chisomo Sakala</u> <u>414 Doverdale Dr</u> <u>O Fallon MO 63366</u>	<u>none</u>	<u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ian Clarke</u> <u>#6 Neils</u> <u>Bridgetown Barbados</u>	<u>NONE</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Eric Tamagne</u> <u>155 E Godfrey Ave</u> <u>Phila PA</u>	<u>none</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment .. Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Awa Kone</u> <u>2004 Randolph Ave</u> <u>St Paul MN</u>	<u>none</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment .. Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Steven Jones</u> <u>5068 Middlton Pl</u> <u>Lexington KY 40515</u>	<u>none</u>	<u>4,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment .. Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Sydeaka Watson</u> <u>1721 S 9th St. Apt 102</u> <u>Waco TX 76706</u>	<u>none</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Theo Trotman</u> <u>2800 University Dr TCU Box 292155</u> <u>Fort Worth TX 76129</u>	<u>none</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ... Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Donielle Burton</u> <u>4668 Woodsclyff Circle</u> <u>Anderson IN</u>	<u>None</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person .. <input checked="" type="checkbox"/> <u>Cyan Manuel</u> <u>12717 Bella Parkway</u> <u>Manor TX</u>	<u>None</u>	<u>750.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal 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 box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization IABA Foundation	Employer identification number 20-0761668
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P.O. box, see instructions PO Box 369	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Windsor CT 06095	

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

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

• The books are in the care of ▶ Jamala Murray -----

Telephone No ▶ (860) 219-9534 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ___ or

▶ tax year beginning Sep 1, 20 08, and ending Aug 31, 20 09.

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

3a 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	3a	\$	0.
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b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
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c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.
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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization IABA Foundation	Employer identification number 20-0761668
	Number, street, and room or suite number. If a P.O. box, see instructions. 33 Mechanic St, #206	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Windsor CT 06095	

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

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

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

- The books are in care of Jamala Murray
Telephone No. (860) 219-9534 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Jul 15, 2010.

5 For calendar year _____, or other tax year beginning Sep 1, 2008, and ending Aug 31, 2009.

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

7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ 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 amount paid previously with Form 8868	8b \$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$ 0.

Signature and Verification

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

Signature Allen McQueen Title CRA Date April 10, 2010