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Form 990-EZ

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) Sponsoning 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

OMB No 1545-1150 08

Open to Public Inspection

A	For the	2008 calendar y	ear, or	r tax year be	<i>agirining</i>		Sept.	2006, and end	ing		<u>XXD</u>	<u> بر بحر</u>	<u> </u>	
В	Check if a			Name of orga	anization	AME		/ / / / /	1400	D Employ	er ident	ification i	number	
H	Address of Name cha	labe	l or	<u>reon</u>		ration		pred 574	46011	<u> </u>	Ω	7,77	ماماط	
	Initial retu	type on See	• _	400	HE (sellel!		street address) R	oom/suite 1	POOL	$g_{ m o}$		35_	
		nded return Specific City or town, state or country, and ZIP + 4							F Group Numbe		ion C	ภ87_		
	• Section	ection 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting m								nting met	hod: [Cash	Accrual	
		a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶												
	Website: ► H Check ► required to atta graduation type (check only one) — \$\sqrt{501(c)}\$ (\$\frac{1}{2}\$) \$\left(\text{(insert no)}\) 4947(a)(1) or \$\left(\frac{1}{2}\$) 527 \$ \text{990-EZ, or 990}\$									if the organization is not				
										•				
										 		n \$25 00	O A roturn is	
		If the organization in the							ts are norm	iany not n	iore tria	11 \$25,00	JATELLINIS	
		s 5b, 6b, and 7b,							ad of Form	990-EZ	▶\$			
_	art I	Revenue, Ex									ons fo	r Part I.)	
	1	Contributions,									1		-10-00	
	2	Program servi									2	<u> </u>	300 DO	
	3	Membership d								.]	3	<u>115.</u>	194.00	
	4	Investment inc	come								4			
	5a	Gross amount	from	sale of ass	ets other th	an inventor	у							
Revenue	b	Less cost or						. <u>[5b]</u>			-			
	C	Gain or (loss) fr								dule) .	5c			
	6	Special events and							eck nere -	u				
	a	Gross revenue						ns 6a						
Щ	1 -	reported on lir Less: direct ex	•		 on fundraisir			6b						
	b c	Net income or						ne 6b trom line	e 6a)		6c			
	7a	Gross sales of						7a	,					
	b	Less: cost of		-	oranno ana			7b						
	С				s of invento	ry (Subtract	lune 7b from	line 7a)		1	7c			
	8	Gross profit of Other revenue									8	ب لي	60.60	
	9	Total revenue	. Add	lines 1, 2,	3, 4, 5c, 6c	, 7c, and 8		🔄	Kebada.	<u>2. ▶ </u>	9	<u>11' / . C</u>	<u> 153.54</u>	
	10	Grants and sir		•	•	•				}	10			
(0	11	Benefits paid								}	11			
Sei	12	Salaries, other		•						• • •	12 13	<u> </u>	£(\frac{7}{3})	
je L	13	Occupancy:								}	14	<u></u>	33.00	
Expenses	15	Printing, public									15	$\overline{\gamma}$	74.66	
⊇		ther expense			Yer					. ; [16	1099	116.15	
		g ptal expense	es. Al	Junes XI						▶	17	113,	146.17	
-	18	Excess or (del	ficit) fo	or the Ver	(Subtract lir	ne 17 from	line 9)				18	_3,8	51.45	
Sein	19	Net @ OF	Mhdl	l da ances a	at beginning	of year (fr	rom line 27,	column (A)) (r	nust agre	e with	ļ	_		
8	L	end-of-year fil	guré r	eported on	prior year's	s return).				agree with				
JAIN 6 6 Net Assets	20	Other changes									20	2 0	< 1 d2	
_	21	Net assets or									21	38		
	art II	Balance She					(D) are \$2,50	o,uuu or more		n 990 in Inning of ye		(B) End		
U 2	n 0-	L	•		ctions for Pa	•			(A) Degi	ining or ye	22	(D) ENG		
22 22		h, savings, and d and buildings								·	23			
€2.		a ana bullaings er assets (descr							—		24			
÷2!		•									25			
ت 20											26			
	7 Net	al liabilities (des assets or fund	bala	nces (line 2	27 of colum	n (B) must	agree with lin	ne 21)			27	3,9	51.45	

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990

Form **990-EZ** (2008)

Cat No. 106421

For	m 990-EZ (2008)		Page Z
ΙPa	Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
_		(Req	uired for 501(c)(3)
wr	tat is the organization's primary exempt purpose?	and	(4) organizations
De	scribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,	and	4947(a)(1) trusts,
des	scribe the services provided, the number of persons benefited, or other relevant information for each program title.	optic	onal for others.)
28		- 1	
		j	
	(Grants \$) If this amount includes foreign grants, check here ▶ □	28a [
~~			
29			
		1	
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
Ψ.	· · ·	24.	
		31a	
	Total program service expenses (add lines 28a through 31a)	32	
P	art IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the ins	tructio	ons for Part IV.)
	(b) Title and average (c) Compensation (d) Contribution	is to	(e) Expense
١	(a) Name and address hours per week (If not paid, employee benefit part of position enter -0) deferred compens	Sans &	account and other allowances
+	devoted to position enter 70) deterred compete	Janon	Ottiei ailowalices
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7	Section (letter)		
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Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)		_
•			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	
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	<u></u>
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.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
	Did the organization file Form 1120-POL for this year?	37b	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4	
39	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on line 9	_	
	Gross receipts, included on line 9, for public use of club facilities	4	1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 42a	List the states with which a copy of this return is filed. ► HA The books are in care of ► CHAILE REDSHAND Located at ► 100 NESE PEISON BOUGHT ZIP + 4 ► CA		
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		Yes N
	account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	42b	
	and Financial Accounts.	42c	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	<u>.</u>
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	· ·	. >
			Yes N
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	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	45	
		om 99	0-EZ (20

Page 4

Form 990-EZ (2008)

Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 are	All section 501(c)(3) ond 51.	organizations	must answer quest	ions 46	6–49	
	e organization engage in direct or indirect p		s on behalf of	or in opposition to	46	Yes	No
	dates for public office? If "Yes," complete So				47		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	ne organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
	e organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.						
	e organization make any transfers to an exe		ed organization	11	49a 49b		<u> </u>
	s," was the related organization(s) a section lete this table for the five highest compensa						\
	received more than \$100,000 of compensati	on from the organization.	If there is nor	ne, enter "None."			
(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	tion (d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount ar allowar	nd
<u>-</u>	40NE						
						-	
- 4 - 1	er of other employees paid over \$100,000				-		
	ensation from the organization. If there is no (a) Name and address of each independent contractor in			(b) Type of service	(c) Cor	npensa	ition
	HOHE						
						•	
Total numb	per of other independent contractors each re		. ▶				
Sign	Under penalties of perjury, I declare that I have examinand belief, it is true, excrect, and complete. Declaration	ned this return, including accome on of preparer (other than office	panying schedule er) is based on all	s and statements, and to the information of which prepared	best of rer has ar	ny knov ny knov	wledge wledge 3-10
Here	Signature of officer CONNIE S. RedShi	aw Treasu	rrer	Date			
	Type or print name and title						
Paid Preparer's	Preparer's signature	Date	Check self- emplo	yed ► Preparer's Identifyin	g Number (See inst	ructions)
Jse Only	Firm's name (or yours if self-employed),			EIN ►			-
	address, and ZIP + 4 V			Phone no ► ()	. — -		
viay the IR	S discuss this return with the preparer show	vn above? See instruction	15	<u> </u>	Form 99	es _ 0-EZ	No. (2008)