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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No 1545-0047

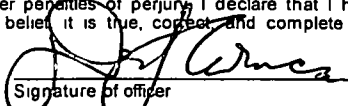
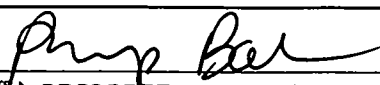
**2008**Open to Public  
Inspection**A For the 2008 calendar year, or tax year beginning** 09/01, 2008, and ending 08/31, 2009

<b>B</b> Check if applicable: <input 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	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> UNIVERSITY OF THE AFTERMARKET FOUNDATION		<b>D Employer identification number</b> 43-1414291
		Doing Business As		<b>E Telephone number</b> (301) 654-6664
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 2,088,857
		7101 WISCONSIN AVENUE City or town, state or country, and ZIP + 4 BETHESDA, MD 20814		
<b>F Name and address of principal officer</b> DAVID CARACCI SAME AS C ABOVE				<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> N/A		
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation</b> 1985 <b>M State of legal domicile</b> MO		

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE FOUNDATION IS ORGANIZED TO PROVIDE, OPERATE AND ADMINISTER EDUCATION FOUNDATION FOR THE AFTERMARKET INDUSTRY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	NONE
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,413.	17,900.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		NONE
	<b>11</b> Other revenue (Part VIII, column (A), lines 5d, 8c, 9c, 10c, and 11e)	131,354.	-434,338.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		NONE
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	139,767.	-416,438.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	469,948.	151,842.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25		NONE
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,317.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	106,727.	82,786.
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	576,675.	234,628.
		-436,908.	-651,066.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,890,650.	4,238,736.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	233,500.	89,874.
		4,657,150.	4,148,862.

**Part II Signature Block**

Sign Here	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			
	Signature of officer  Date 13/28/10	David Caracci, Chairman Type or print name and title		
Paid Preparer's Use Only	Preparer's signature  Date 4/27/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00010692	
	Firm's name (or yours if self-employed), address, and ZIP + 4 REGARDIE, BROOKS & LEWIS, CHTD 7101 WISCONSIN AVENUE, SUITE 1012 BETHESDA, MD 20814-4805	EIN 52-1038701	Phone no 301-654-9000	

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA  
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**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 151,842. including grants of \$ 126,842. ) (Revenue \$ \_\_\_\_\_ )GRANTS WERE GIVEN FOR EDUCATIONAL PROGRAMS, RESEARCH AND  
MARKETING/ADVERTISING OF THE AUTOMOTIVE AFTERMARKET  
INDUSTRY.**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4d** Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4e** Total program service expenses ► \$ 151,842. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

Form **990** (2008)



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	19
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	17
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>	X
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
Describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► AAIA 7101 WISCONSIN AVENUE, SUITE 1300 BETHESDA, MD 20814  
301-654-6664





[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► NONE

	Yes	No
3		X
4		X
5		X

4		X
---	--	---

5		X
---	--	---

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **NONE**

**Part VIII Statement of Revenue**

43-1414291

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	17,900.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		17,900.			
Program Service Revenue			<b>Business Code</b>				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . .		NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		147,028.			147,028.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties . . . . .		NONE			
		(i) Real	(ii) Personal				
	6a	Gross Rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		NONE			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory . . . . .		1,923,929.			
	b	Less cost or other basis and sales expenses . . . . .		2,505,295.			
	c	Gain or (loss) . . . . .		-581,366.			
	d	Net gain or (loss) . . . . .		-581,366.			-581,366.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from fundraising events . . . . .		NONE			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from gaming activities . . . . .		NONE			
	10a	Gross sales of inventory, less returns and allowances . . . . .					
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		NONE				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		-416,438.			-434,338.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	151,842.	151,842.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	5,027.		5,027.	
c Accounting . . . . .	10,064.		10,064.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	25,008.		25,008.	
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	2,418.		2,418.	
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	NONE			
17 Travel . . . . .	1,867.		1,867.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	7,029.		1,712.	5,317.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance . . . . .	2,900.		2,900.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a INVESTMENT MANAGEMENT FEE ---	28,473.		28,473.	
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses Add lines 1 through 24f	234,628.	151,842.	77,469.	5,317.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .	26,303.	3	22,943.
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	4,742.	9	7,971.
	10a Land, buildings, and equipment cost basis . . . . .	10a		
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b	10c	
	11 Investments - publicly traded securities . . . . .	4,216,386.	11	3,701,165.
	12 Investments - other securities. See Part IV, line 11 . . . . .	599,716.	12	461,343.
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	43,503.	15	45,314.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,890,650.	16	4,238,736.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .		17	237.
	18 Grants payable . . . . .	233,500.	18	89,637.
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	233,500.	26	89,874.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	453,536.	27	4,695.
	28 Temporarily restricted net assets . . . . .	498,113.	28	438,666.
	29 Permanently restricted net assets . . . . .	3,705,501.	29	3,705,501.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances</b> . . . . .	4,657,150.	33	4,148,862.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	4,890,650.	34	4,238,736.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

**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

**2008**

Open to Public  
Inspection

Name of the organization

Employer identification number

UNIVERSITY OF THE AFTERMARKET FOUNDATION

43-1414291

**Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally Integrated      d ☐ Type III - Other
- e ☐ 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).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) 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? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	166,150.	24,089.	473,655.	8,413.	18,540.	690,847.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1-3 . . . . .	166,150.	24,089.	473,655.	8,413.	18,540.	690,847.
<b>5</b> 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) . . . . .						451,161.
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						239,686.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	166,150.	24,089.	473,655.	8,413.	18,540.	690,847.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	110,713.	131,110.	156,148.	166,795.	147,028.	711,794.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	3,075.					3,075.
<b>11</b> Total support. Add lines 7 through 10 . . . . .						1,405,716.
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					12	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	17.05 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	17.67 %
<b>16a</b> 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</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 . . . . .		<input type="checkbox"/>
<b>17a</b> 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 "fact-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 . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input type="checkbox"/>
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> 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. . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%
<b>19a</b> 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 . . . . . <input type="checkbox"/>		
<b>b</b> 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

HOW THE FOUNDATION MEETS THE "FACTS AND CIRCUMSTANCES" TEST

SCHEDULE A, PART II, SECTION C LINE 7A

FACTS AND CIRCUMSTANCES

ALTHOUGH THE UNIVERSITY OF AFTERMARKET FOUNDATION (UAF) DOES NOT MEET THE  
SAFE HARBOR TEST FOR PUBLIC SUPPORT (33-1/3%), IT BELIEVES THAT THE  
FOLLOWING FACTS AND CIRCUMSTANCES SUPPORT THE ORGANIZATION'S CONTINUANCE  
AS A PUBLIC CHARITY.

THE FOUNDATION WAS FORMED TO PROVIDE, OPERATE AND ADMINISTER AN  
EDUCATIONAL FOUNDATION WHICH WILL ENGAGE IN THE RESEARCH, DEVELOPMENT AND  
UTILIZATION OF INNOVATIVE METHODS OF EDUCATING ADULTS FOR MEANINGFUL  
CAREER OPPORTUNITIES AND EXPLORING EMERGING TECHNOLOGY IN AN EFFORT TO  
INTEGRATE NOVEL METHODS OF INSTRUCTION WITH TRADITIONAL CLASSROOM  
PROCEDURES TO OFFER EDUCATIONAL PROGRAMS PRIMARILY TO, AND FOR THE  
BENEFIT OF, INDIVIDUALS EMPLOYED, OR SEEKING EMPLOYMENT, IN THE  
AUTOMOTIVE AFTERMARKET, WHICH IS DEFINED TO BE THE SUPPLYING AND  
SERVICING OF THE AUTOMOTIVE INDUSTRY SUBSEQUENT TO ORIGINAL MANUFACTURE.

THE FOUNDATION WAS IN PART ESTABLISHED TO FUND VARIOUS PROGRAMS OF THE  
UNIVERSITY OF THE AFTERMARKET AT NORTHWOOD UNIVERSITY (A 501(C)(3)  
ORGANIZATION THAT IS DEDICATED TO MEET THE MANAGEMENT, BUSINESS AND  
LEADERSHIP DEVELOPMENT NEEDS OF PROFESSIONALS WORKING WITHIN THE MOTOR  
VEHICLE AFTERMARKET.

DURING ITS EXISTENCE, THE FOUNDATION WAS BUSY ACCOMPLISHING THESE  
OBJECTIVES BY:



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

\* PROVIDING GRANTS OF \$301,545 SINCE 2005 TO THE UNIVERSITY OF THE AFTERMARKET AT NORTHWOOD UNIVERSITY FACILITATING AFTERMARKET PROFESSIONAL CERTIFICATE PROGRAMS AND LEADERSHIP 2.0, THE INDUSTRY'S CORNERSTONE PROGRAM THAT FOSTERS THE DEVELOPMENT OF NEW GENERATION OF VISIONARY AFTERMARKET EXECUTIVES

\* SPONSORING EDUCATIONAL PROGRAMS SUCH AS AFTERMARKET EDUCATION & TRAINING ON-LINE DIRECTORY AS AN EFFECTIVE AND BETTER WAY TO ACCESS EDUCATIONAL, PROFESSIONAL DEVELOPMENT AND TRAINING OFFERINGS

\* AWARDING SCHOLARSHIPS OF \$87,000 THROUGH OTHER 501(C)3 ORGANIZATIONS TO STUDENTS PREPARING FOR CAREERS IN THE AUTOMOTIVE AFTERMARKET AND PURSUING EMPLOYMENT IN THE AFTERMARKET INDUSTRY

\* PROVIDING GRANTS OF \$30,000 TO OVER 15 STATE ASSOCIATIONS TO SUPPORT FUNDING OF SCHOLARSHIPS TO THOSE STUDENTS THAT ARE PURSUING AN EDUCATION AND CAREER IN THE AFTERMARKET INDUSTRY

DUE TO THE SPECIFIC NATURE OF THE PROGRAMS IT PROVIDES, THE FOUNDATION CONSTITUENTS AND DONOR BASE ARE LIMITED TO THOSE PERSONS IN THE AUTOMOTIVE INDUSTRY AND HAS FOUND DIRECT MAIL AND SIMILAR CAMPAIGNS TO BE INEFFECTIVE. THEREFORE, IT CREATED ITS CURRENT FUNDRAISING MODEL, WHEREBY THE FOUNDATION SOLICITS GENERAL SUPPORT FROM PUBLIC AND CORPORATE CONTRIBUTORS THROUGH NETWORKING EFFORTS OF BOARD OF TRUSTEES. THIS BASE CONSTITUENCY HAS SHRUNK DUE TO CURRENT ECONOMIC CONDITIONS IN THE AUTOMOTIVE INDUSTRY AND PARTICIPATION IN THE INDUSTRY. THEREFORE, IN ADDITION TO ITS CURRENT FUNDRAISING EFFORTS, THE FOUNDATION IS CONSIDERING NEW FUNDRAISING VENUES THAT WOULD ALLOW THE FOUNDATION TO SOLICIT CONTRIBUTIONS FROM A BROADER BASE OF PUBLIC AND CORPORATE SUPPORTERS. THE FOUNDATION PLANS TO:

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

CREATE A CONTINUOUS PROGRAM FOR SOLICITATION OF FUNDS:

THE FOUNDATION IS PARTNERING WITH ONE OF THE AFTERMARKET INDUSTRY TRADE ASSOCIATION TO ASSIST IN A FUND RAISING CAMPAIGN. THE TRADE ASSOCIATION WILL NOW INCLUDE A FLYER FUNDRAISING MATERIALS AND A CALL TO ACTION ABOUT THE FOUNDATION AND ITS MANY VALUABLE PROGRAMS WITH ALL ITS RENEWAL NOTICES AND ALLOW THE MEMBER TO INCLUDE THEIR DONATION WITH THEIR DUES PAYMENT. ALL FUNDS COLLECTED BY THE TRADE ASSOCIATION WILL BE TRANSFERRED TO THE FOUNDATION ON A MONTHLY BASIS.

THE FOUNDATION PLANS TO SEEK PERMISSION FROM OTHER AFTERMARKET INDUSTRY ORGANIZATIONS TO CONDUCT DONATION DRIVES AT THEIR EVENTS THUS EXPANDING KNOWLEDGE ABOUT THE FOUNDATION AND ITS PROGRAMS PLUS SOLICITING SUPPORT FROM A MORE DIVERSE AND WIDER POOL OF INTERESTED PARTIES.

OTHER FACTS AND CIRCUMSTANCES

A. AVAILABILITY OF PROGRAMS

ANY NON-PROFIT ORGANIZATION THAT IS INVOLVED WITH THE AUTOMOTIVE AFTERMARKET IS ELIGIBLE TO APPLY FOR GRANTS. THE FOUNDATION HAS AWARDED GRANTS FROM SCHOLARSHIPS TO PUBLIC SERVICE ANNOUNCEMENTS, TO COURSE DEVELOPMENT.

B. THE FOUNDATION SERVES THE INTEREST OF THE GENERAL PUBLIC BY:

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

THE TRADE ASSOCIATIONS THAT REPRESENTS THE AUTOMOTIVE AFTERMARKET.

D. CONCLUSION:

IN CONCLUSION, WE BELIEVE THAT THESE FACTS AND CIRCUMSTANCES CLEARLY SHOW  
THAT THE FOUNDATION HAS A CONTINUOUS AND BONA FIDE PROCESS FOR  
SOLICITATION OF FUNDS. THE FACTS AND CIRCUMSTANCES ALSO DEMONSTRATE THAT  
OUR PROGRAMS ARE PUBLICLY AVAILABLE AND THAT OUR GOVERNING BOARD IS  
PUBLIC IN NATURE.

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	3,075.					3,075.
TOTALS	3,075.					3,075.

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

\* SERVING AS A SOURCE FOR FUNDING EDUCATIONAL, RESEARCH AND DEVELOPMENT  
OF INNOVATIVE METHODS OF EDUCATING ADULTS FOR MEANINGFUL CAREER  
OPPORTUNITIES IN THE AFTERMARKET INDUSTRY

\* SPONSORING PROGRAMS, LECTURES AND CONFERENCES OPEN TO THE GENERAL  
PUBLIC.

C. BOARD OF TRUSTEES

THE BOARD OF TRUSTEES IS PUBLIC IN NATURE AND REPRESENTS PERSONS FROM  
VARIOUS SEGMENTS OF THE AFTERMARKET INDUSTRY WHOSE COMMONALITY IS IN  
SHARING THE FOUNDATION'S COMMON GOALS. THESE PERSONS ARE NOT RELATED  
PARTIES. A LISTING OF OUR CURRENT BOARD AND THEIR RESUMES ARE AS  
FOLLOWS:

NAME: DAVID CARACCI, CHAIRMAN

DESCRIBE ATTRIBUTES - MR. CARACCI IS A LONG TIME VETERAN OF THE  
AUTOMOTIVE AFTERMARKET INDUSTRY. HE HAS HOLD POSITIONS FROM RACE CAR  
DRIVER TO SENIOR LEVEL SALES POSITIONS IN INTERNATIONAL MANUFACTURING  
COMPANIES.

NAME: TIMOTHY LEE

DESCRIBE ATTRIBUTE - MR. LEE IS THE CHAIRMAN OF A REGIONAL WAREHOUSE  
DISTRIBUTOR PLUS SITS ON THE BOARD OF AN ILLINOIS BANK.

NAME : KATHLEEN SCHMATZ

DESCRIBE ATTRIBUTES - MS. SCHMATZ IS THE PRESIDENT & CEO OF ONE OF

Department of the Treasury  
Internal Revenue Service  
Name of the organization

# Supplemental Financial Statements

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

UNIVERSITY OF THE AFTERMARKET FOUNDATION

Employer identification number

43-1414291

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	3,734,760.				
b Contributions . . . . .	640.				
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .	3,287.				
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	3,732,113.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► 99.2869 %  
 c Term endowment ► 0.7131 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . . ►



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	-416,438.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	234,628.
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-651,066.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	139,961.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	2,817.
<b>9</b>	Total adjustments (net) Add lines 4-8	<b>9</b>	142,778.
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-508,288.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-302,133.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	139,961.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	2,817.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	142,778.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	-444,911.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	28,473.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	28,473.
<b>5</b>	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	<b>5</b>	-416,438.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	206,155.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	206,155.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	28,473.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	28,473.
<b>5</b>	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<b>5</b>	234,628.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

SEE PAGE 5



**Part XIV** Supplemental Information (continued)

OTHER RECONCILING ITEM

PART XI, LINE 8

THE "OTHER" RECONCILING ITEM REPRESENTS THE CHANGE IN VALUE OF BENEFICIAL  
INTEREST IN REMAINDER TRUST.

OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

PART XII, LINE 2D

THE "OTHER" REPRESENTS THE CHANGE IN VALUE OF BENEFICIAL INTEREST IN  
REMAINDER TRUST.



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUPPLEMENT-----

SCHEDULE I, PART I, LINE 2-----

ALL GRANTS ARE REVIEWED AND APPROVED BY THE BOARD DURING REGULAR-----

MEETINGS. GRANTS ARE THOROUGHLY DISCUSSED BY BOARD MEMBERS AND A VOTING-----

IS TAKEN AFTER EACH DISCUSSION. THE USE OF THE MAJORITY OF GRANT FUNDS IS-----

MONITORED BY ACCOUNTING GROUP WHICH PROVIDES SIMILAR SERVICES TO THE-----

RECIPIENTS OF THE GRANTS.-----

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**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

UNIVERSITY OF THE AFTERMARKET FOUNDATION

43-1414291

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CARACCI										
CHAIRMAN	5.	X		X				NONE	NONE	NONE
ROBERT H. RAFF, MAAP										
CHAIRMAN EMERITUS	1.	X		X				NONE	NONE	NONE
CLAY E. BUZZARD, AAP										
LIFETIME HONORARY CHAIRMAN	1.	X		X				NONE	NONE	NONE
JACK CREAMER, AAP										
VICE CHAIRMAN	1.	X		X				NONE	NONE	NONE
KATHLEEN SCHMATZ										
VICE CHAIRMAN	1.	X		X				NONE	NONE	NONE
BOB MCKENNA										
SECRETARY (UNTIL MAY 2009)	1.	X		X				NONE	NONE	NONE
TIMOTHY LEE										
TREASURER	1.	X		X				NONE	NONE	NONE
AARON BERKOWITZ										
TRUSTEE (UNTIL MAY 2009)	1.	X						NONE	NONE	NONE
TOM ALIOTTI										
TRUSTEE	1.	X						NONE	NONE	NONE
RUSTY BISHOP										
TRUSTEE	1.	X						NONE	NONE	NONE
JEFF BREKKE										
TRUSTEE (STARTING JUNE 2009)	1.	X						NONE	NONE	NONE
MICHAEL CARDONE, JR.										
TRUSTEE	1.	X						NONE	NONE	NONE
ROBERT F. EGAN, AAP										
TRUSTEE	1.	X						NONE	NONE	NONE
STEVE HANDSCHUH										
TRUSTEE (STARTING JUNE 2009)	1.	X						NONE	NONE	NONE
PAUL JOHNSON										
TRUSTEE (STARTING JUNE 2009)	1.	X						NONE	NONE	NONE
ROBERT KIMBRO										
TRUSTEE	1.	X						NONE	NONE	NONE
RICHARD MORGAN, AAP										
TRUSTEE (UNTIL MAY 2009)	1.	X						NONE	NONE	NONE
JOE POMARANSKI										
TRUSTEE	1.	X						NONE	NONE	NONE
MORT SCHWARTZ, AAP										
TRUSTEE	1.	X						NONE	NONE	NONE
TERRY SHIVELY										
TRUSTEE	1.	X						NONE	NONE	NONE
ALFRED L. STECKLEIN										
TRUSTEE (UNTIL MAY 2009)	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

OMB No 1545-0047

2008

**Open to Public Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

Name of the Organization

Employer Identification number

UNIVERSITY OF THE AFTERMARKET FOUNDATION

43-1414291

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

UNIVERSITY OF THE AFTERMARKET FOUNDATION

43-1414291

OVERSIGHT OF THE AUDIT

FORM 990 PART XI QUESTION 2C

NO CHANGE IN AUDIT COMMITTEE PROCESS OF APPROVING AND OVERSEEING

THE AUDIT

Name of the organization

UNIVERSITY OF THE AFTERMARKET FOUNDATION

Employer identification number

43-1414291

PROCESS TO REVIEW FORM 990

FORM 990 PART VI LINE 10

A COPY OF THE FORM 990 IS SENT VIA E-MAIL TO THE BOARD OF TRUSTEES FOR

REVIEWING. IF NO COMMENTS ARE RECEIVED, THE FORM BECOMES OFFICIAL. IF

THERE ARE ANY COMMENTS AND QUESTIONS, THEY ARE ADDRESSED IMMEDIATELY.

Name of the organization

UNIVERSITY OF THE AFTERMARKET FOUNDATION

Employer identification number

43-1414291

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990 PART VI LINE 19

THE FOUNDATION'S FINANCIAL INFORMATION IS PUBLISHED AT WWW.

GUIDESTAR.ORG. ITS GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE

FOUNDATION HAS NO CONFLICT OF INTEREST POLICY.



43-1414291

## Part II Identification of Related Tax-Exempt Organizations

Schedule R (Form 990) 2008



**Part V Transactions With Related Organizations**

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		X
b Gift, grant, or capital contribution to other organization(s) . . . . .	X	
c Gift, grant, or capital contribution from other organization(s) . . . . .		X
d Loans or loan guarantees to or for other organization(s) . . . . .		X
e Loans or loan guarantees by other organization(s) . . . . .		X
f Sale of assets to other organization(s) . . . . .		X
g Purchase of assets from other organization(s) . . . . .		X
h Exchange of assets . . . . .		X
i Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
j Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
k Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
l Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
m Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
n Sharing of paid employees . . . . .		X
o Reimbursement paid to other organization for expenses . . . . .	X	
p Reimbursement paid by other organization for expenses . . . . .		X
q Other transfer of cash or property to other organization(s) . . . . .		X
r Other transfer of cash or property from other organization(s) . . . . .		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) NO TRANSACTION TYPE WITH AMOUNT >\$50,000			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE,  
OPERATE AND ADMINISTER EDUCATIONAL FOUNDATION FOR THE AFTERMARKET  
INDUSTRY, WHICH WILL ENGAGE IN THE RESEARCH, DEVELOPMENT AND  
UTILIZATION OF INNOVATIVE METHODS OF EDUCATING ADULTS.

• 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.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	UNIVERSITY OF THE AFTERMARKET FOUNDATION	43-1414291
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	7101 WISCONSIN AVENUE, 13th Room	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BETHESDA, MD 20814	

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

<input checked="" 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 (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input 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 the care of ☒ AAIA
- Telephone No 301 654-6664 FAX No 301 654-3299
- 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

- I request an additional 3-month extension of time until 04/15/2010
- For calendar year           , or other tax year beginning 09/01/2008, and ending 08/31/2009
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension

AWAITING ADDITIONAL INFORMATION IN ORDER TO FILE

A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> 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	<b>8a</b>	\$
<b>b</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	<b>8b</b>	\$ NONE
<b>c</b> <b>Balance Due.</b> 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 instructions	<b>8c</b>	\$

**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  Title CRA Date 1/15/2010

REGARDIE, BROOKS & LEWIS, CHTD  
7101 WISCONSIN AVENUE, SUITE 1012  
BETHESDA, MD 20814-4805

Form 8868 (Rev 4-2009)