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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)

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.**

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

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	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number		
		JAMES RENWICK ALLIANCE Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite 510	E Telephone number 301-907-3888	
		4405 EAST-WEST HIGHWAY City or town, state or country, and ZIP + 4		F Group Exemption Number		BETHESDA, MD 20814

• 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) _____

I Website: WWW.JRA.ORG **H Check** if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

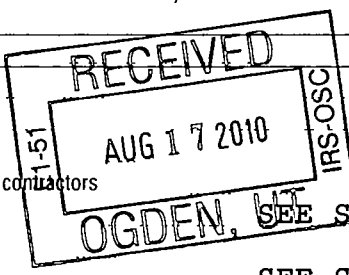
J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K 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.

L 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. \$ **505,645.**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received						118,507.																								
	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																														
	5b	Less: cost or other basis and sales expenses																														
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																														
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																														
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)								386,169.																						
6b	Less: direct expenses other than fundraising expenses								294,527.																							
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										91,642.																					
7a	Gross sales of inventory, less returns and allowances																															
7b	Less: cost of goods sold																															
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8	Other revenue (describe _____)																															
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																															
Expenses	10	Grants and similar amounts paid (attach schedule)																														
	11	Benefits paid to or for members																														
	12	Salaries, other compensation, and employee benefits										36,312.																				
	13	Professional fees and other payments to independent contractors										5,893.																				
	14	Occupancy, rent, utilities, and maintenance										21,912.																				
	15	Printing, publications, postage, and shipping										1,426.																				
	16	Other expenses (describe _____) SEE STATEMENT 1)										144,636.																				
	17	Total expenses Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																														
	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)																														
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4																														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																														



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	-6,978.	22	8,703.	
23	Land and buildings		23		
24	Other assets (describe _____) SEE STATEMENT 2)	476,204.	24	446,066.	
25	Total assets	469,226.	25	454,769.	
26	Total liabilities (describe _____) SEE STATEMENT 3)	16,836.	26	1,667.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	452,390.	27	453,102.	

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 10
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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Table with 2 columns: Description (lines 28-31) and Expenses (lines 28a-31a). Line 28: SEE STATEMENT 8. Line 28a: 119,950. Line 29: SEE STATEMENT 9. Line 29a: 54,137. Line 30: (Grants \$) If this amount includes foreign grants, check here. Line 30a: (Grants \$) If this amount includes foreign grants, check here. Line 31: Other program services (attach schedule). Line 31a: (Grants \$) If this amount includes foreign grants, check here. Line 32: Total program service expenses (add lines 28a through 31a) 174,087.

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

Table with 5 columns: (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 & deferred compensation, (e) Expense account and other allowances. Row 1: SEE STATEMENT 7. All other rows are empty.

Part 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		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 section 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?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. 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 N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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
41	List the states with which a copy of this return is filed. ▶ MD, DC, NY		
42a	The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 301-907-3888 Located at ▶ 4405 EAST-WEST HIGHWAY, BETHESDA, MD ZIP + 4 ▶ 20814		
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
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
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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

Part VI 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

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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 & 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 each receiving over \$100,000		▶ 0

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: *J.G. Harrington*
 Signature of officer: *J.G. Harrington, Treasurer*
 Date: *August 13, 2010*
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Carol Moore*
 Date: *AUG 13 2010*
 Check if self-employed:
 Preparer's Identifying Number (See instr.):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HALT, BUZAS & POWELL, LTD.**
99 CANAL CENTER PLAZA, SUITE 230
ALEXANDRIA, VA 22314
 EIN:
 Phone no.: **(703) 836-1350**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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 **JAMES RENWICK ALLIANCE** Employer identification number **52-1254105**

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 the 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?
- h Provide the following information about the organizations the organization supports

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

(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	
Total									

LHA 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,934.	196,066.	179,747.	187,792.	118,507.	861,046.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	178,934.	196,066.	179,747.	187,792.	118,507.	861,046.
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						861,046.

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	178,934.	196,066.	179,747.	187,792.	118,507.	861,046.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,954.	14,705.	20,948.	11,658.	969.	53,234.
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						914,280.
12 Gross receipts from related activities, etc. (see instructions)					12	1,994,306.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.18 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.39 %
16a 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 checked="" type="checkbox"/>		
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"/>		
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 <input type="checkbox"/>		
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"/>		
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 <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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
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, and 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 year 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 lines 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 <input type="checkbox"/>						

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

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES	292.
MERCHANT FEES	12,585.
INSURANCE	723.
OFFICE EXPENSE	3,793.
TELEPHONE	2,401.
INTERNET	3,809.
MISCELLANEOUS	1,083.
CONTRIBUTION RENWICK GALLERY	119,950.
TOTAL TO FORM 990-EZ, LINE 16	144,636.

FORM 990-EZ

OTHER ASSETS

STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	9,100.	1,980.
INVESTMENTS	461,227.	442,750.
DEPOSITS	500.	500.
OTHER DEPRECIABLE ASSETS	5,377.	836.
TOTAL TO FORM 990-EZ, LINE 24	476,204.	446,066.

FORM 990-EZ

OTHER LIABILITIES

STATEMENT 3

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

16,836.

1,667.

TOTAL TO FORM 990-EZ, LINE 26

16,836.

1,667.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-227.
TOTAL TO FORM 990-EZ, LINE 20	-227.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	4,541.
OTHER EXPENSES	17,371.
TOTAL TO FORM 990-EZ, LINE 14	21,912.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT	
PAT ARNOLD, 8803 EDWARD GIBBS PLACE, ALEXANDRIA, VA 22309	DIRECTOR 1.00	0.	0.	0.
MIRIAM BONNER, 4405 EAST WEST HIGHWAY, BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
ARNOLD BERLIN 10604 STABLE LANE, POTOMAC, MD 20854	DIRECTOR 1.00	0.	0.	0.
CYNTHIA BOYER, 1250 S. WASHINGTON ST, ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0.
KAREN O BROWN, 3311 RHODE ISLAND AVE, #209, MT. RAINIER, MD 20712	DIRECTOR 1.00	0.	0.	0.
FRANCES BURKA, 5630 WISCONSIN AVE, #1502, CHEVY CHASE, MD 20815	DIRECTOR 1.00	0.	0.	0.
JUDY DAVIS, 7912 HORSESHOE LANE, POTOMAC, MD 20854	DIRECTOR 1.00	0.	0.	0.
MARGARET BOOZER, 4405 EAST WEST HIGHWAY, BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
BINNIE FRY 1241 TITANIA LANE, MCLEAN, VA 22102	DIRECTOR 1.00	0.	0.	0.
LARRY GABRIEL, 12175 LINCOLN LAKE WAY, #7201, FAIRFAX, VA 22030	DIRECTOR 1.00	0.	0.	0.
MARSHA GOLD, 3001 VEAZEY TERRACE, NW, #612, WASHINGTON, DC 20008	DIRECTOR 1.00	0.	0.	0.
TONI GORDON, 5327 GOLDSBORO ROAD, BETHESDA, MD 20817	DIRECTOR 1.00	0.	0.	0.
DIANE AND MARC GRAINER, 10615 BELFAST PLANCE, POTOMAC, MD 20854	DIRECTOR 1.00	0.	0.	0.
JG HARRINGTON, 7221 BEECHWOOD ROAD, ALEXANDRIA, VA 22307	DIRECTOR 1.00	0.	0.	0.

JAMES RENWICK ALLIANCE

52-1254105

LARRY HAWK, 4405 EAST WEST HIGHWAY, BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
DIANE AND MARC GRAINER, 2230 Q STREET, NW, WASHINGTON, DC 20008	DIRECTOR 1.00	0.	0.	0.
SHIRLEY JACOBS, 7300 LYNHURST STREET, CHEVY CHASE, MD 20815	DIRECTOR 1.00	0.	0.	0.
MARGE BROWN KALODNER, 208 RIGHTER'S MILL ROAD, GLADWYNE, PA 19035	DIRECTOR 1.00	0.	0.	0.
SUSAN KOLODNER, 3621 ANTON FARMS ROAD, BALTIMORE, MD 21208	DIRECTOR 1.00	0.	0.	0.
LESLIE LANE 7906 PALOMA COURT, BETHESDA, MD 20817	DIRECTOR 1.00	0.	0.	0.
MALLORY LAWSON, 1615 44TH STREE, NW, WASHINGTON, DC 20007	DIRECTOR 1.00	0.	0.	0.
JULIANNA MAHLEY, 404 COUNCIL DRIVE, NE, VIENNA, VA 22180	DIRECTOR 1.00	0.	0.	0.
ELAINE MARKS, 4601 PARK AVENUE N, #1708 H, CHEVY CHASE, MD 20815	DIRECTOR 1.00	0.	0.	0.
ANNE MEHRINGER, 4405 EAST WEST HIGHWAY, BETHESDA, MD 20814	DIRECTOR 20.00	0.	0.	0.
JOHN MEYERHOFF/LENEL SROCHI-MEYERHOFF 1003 POPLAR HILL ROAD, BALTIMORE, MD	DIRECTOR 1.00	0.	0.	0.
SANDY MITCHELL 12304 OVERPOND WAY, POTOMAC, MD 20854	DIRECTOR 1.00	0.	0.	0.
CLEMMER MONTAGUE, 1012 BROADVIEW ROAD, FT. WASHINGTON, MD 20744	DIRECTOR 1.00	0.	0.	0.
ELMERINA PARKMAN, 4101 GLENRIDGE STREET, KENSINGTON, MD 20895	DIRECTOR 1.00	0.	0.	0.
VIVIAN POLLOCK, 3101 ROLLING ROAD, CHEVY CHASE, MD 20815	DIRECTOR 1.00	0.	0.	0.
NANCY SCHNIEDER, 1178 RIVER BAY ROAD, ANNAPOLIS, MD 21401	DIRECTOR 1.00	0.	0.	0.
BONNIE SCHWARTZ, 6902 SEVEN LOCKS ROAD, CABIN JOHN, MD 20818	DIRECTOR 1.00	0.	0.	0.

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IRENE SINCLAIR, 5805 POTOMAC AVENUE, NW, WASHINGTON, DC 20016	DIRECTOR 1.00	0.	0.	0.
RICK SNYDERMAN, 303 CHERRY STREET, PHILADELPHIA, PA 19106	DIRECTOR 1.00	0.	0.	0.
WANDA RAPPAPORT, 4405 EAST WEST HIGHWAY, BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
BARBARA WALDMAN, 653 ST. GERMAIN AVENUE, SAN FRANCISCO, CA 94114	DIRECTOR 1.00	0.	0.	0.
TIM TATE, 4405 EAST WEST HIGHWAY, BETHESDA, MD 20814	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER WITH, 1325 13TH STREET, NW, #7, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

ART ACQUISITIONS - CONTRIBUTIONS TO THE RENWICK GALLERY OF THE SMITHSONIAN AMERICAN ART MUSEUM IN SUPPORT OF CONTEMPORARY AMERICAN CRAFT ART THROUGH PROGRAMS IN EDUCATION AND OUTREACH, SCHOLARLY RESEARCH, CREATION AND HOSTING OF SPECIAL EXHIBITIONS, AND ACQUISITIONS FOR THE PERMANENT COLLECTION.

CRAFT STUDY TOURS AND WORKSHOPS - PROVIDE UNIQUE PROGRAMS IN CRAFT STUDY AND ART APPRECIATION TO PROMOTE CONTEMPORARY CRAFT ART TO JRA MEMBERS AND TO THE GENERAL PUBLIC. ALSO PROVIDES OPPORTUNITIES FOR LIVING ARTISTS AND SCHOLARS IN THE FIELD TO TEACH TECHNIQUE AND APPRECIATION THROUGH DISCUSSIONS, LECTURES AND ART WORKSHOPS.

THE JAMES RENWICK ALLIANCE RAISES FUNDS IN SUPPORT OF THE RENWICK GALLERY OF THE SMITHSONIAN AMERICAN ART MUSEUM. FUNDS PROVIDE SUPPORT FOR PROGRAMS IN EDUCATION AND OUTREACH, SCHOLARLY RESEARCH, CREATION AND HOSTING OF SPECIAL EXHIBITIONS AND ACQUISITIONS FOR THE PERMANENT COLLECTION. THE RENWICK ALLIANCE ALSO OFFERS UNIQUE CRAFT STUDY TOURS, ARTISTS WORKSHOPS AND EDUCATIONAL SEMINARS IN SUPPORT OF THE COLLECTION, PRESERVATION AND CREATION OF CONTEMPORARY AMERICAN CRAFT ART.

Application for Extension of Time To File an Exempt Organization Return

► 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 X
- 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 JAMES RENWICK ALLIANCE	Employer identification number 52-1254105
	Number, street, and room or suite no If a P O box, see instructions 4405 EAST-WEST HIGHWAY, NO. 510	
	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-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ORGANIZATION

- The books are in the care of ► **4405 EAST-WEST HIGHWAY, NO. 510 - BETHESDA, MD 20814**
Telephone No ► **301-907-3888** 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 **MAY 15, 2010**, to file the exempt organization return for the organization named above The extension is for the organization's return for
► calendar year _____ or
► tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**

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	\$	
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	\$	
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	\$	N/A

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

- 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
	JAMES RENWICK ALLIANCE	52-1254105
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	4405 EAST-WEST HIGHWAY, NO. 510	
	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)

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

THE ORGANIZATION

- The books are in the care of 4405 EAST-WEST HIGHWAY, NO. 510 - BETHESDA, MD 20814
 Telephone No 301-907-3888 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 AUGUST 15, 2010
- 5 For calendar year _____, or other tax year beginning OCT 1, 2008, and ending SEP 30, 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
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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	\$
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	\$
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 instructions	8c	\$ <u>N/A</u>

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 Curtis M. ... Title CPA Date 5/4/2010