

Form **990**
Department of the Treasury

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)

OMB No 1545-0047
2007
Open to Public Inspection

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(2) and (4).

Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented

[REDACTED]

programs and accomplishments

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 7**

Program Service Expenses
(Required for 501(c)(3) and

[REDACTED]

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

(A)
Beginning of year

(B)
End of year

45 Cash—non-interest-bearing

147,737

45

204,981

46

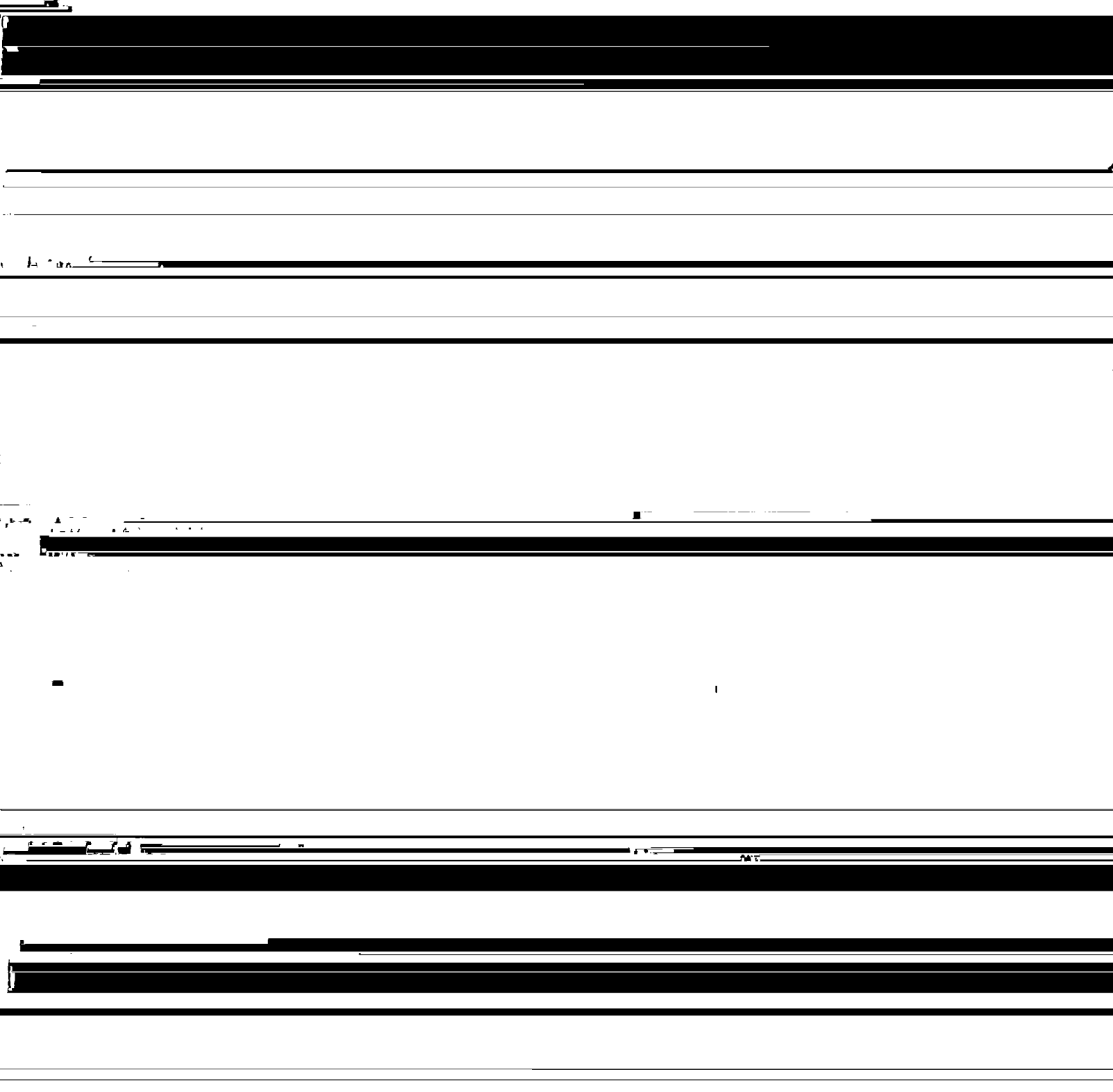
251,176

45

256,022

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,013,029
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-158,242
2	Donated services and use of facilities	b2	54,426



d Amounts included on Part I, line 12, but not on line a:

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board

Part VI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization

is a controlling organization as defined in section 513(b)(4)(B)

Yes No

Part IV-A Supplemental Schedule (Complete only if you checked a box on line 10, 14, or 16). Use each method of accounting

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
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Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

N/A	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

54. Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Transfers from the reporting organization to a noncharitable exempt organization of

Yes No

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

49

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

General Statements

Table 8c - Sale of Assets Other Than Inventory - Securities

Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
		\$ 1,745	\$		\$ 1,745
		\$ 1,745	\$ 0	\$ 0	\$ 1,745

ocations (continued)

Book Value	BV Expl	FMV Expl
WSHIP		
WSHIP		
WSHIP		
WSHIP		
WSHIP		
WSHIP		
HIP		
HIP		
HIP		
HIP		
HIP		
HIP		
HIP		
HIP		
HIP		
HIP		
HIP		

Federal Statements

Part II, Line 22b - Other Grants and Allocations (continued)

Relationship to Org	Class of Activity			BV Expl	FMV Expl
	Cash Contrib	NonCash Contrib	Book Value		
	\$ 1,000	HARRIS TORCH GRANT	\$		
	1,000	HARRIS TORCH GRANT			
	1,000	HARRIS TORCH GRANT			
	1,000	HARRIS TORCH GRANT			
	1,000	HARRIS TORCH GRANT			
	1,000	HARRIS TORCH GRANT			
	<u>49,200</u>		<u>0</u>		<u>0</u>

Part II, Line 25a - Compensation of Current Officers

	Management & General	Fundraising
	\$	\$
	8,255	8,255
	<u>\$ 8,255</u>	<u>\$ 8,255</u>

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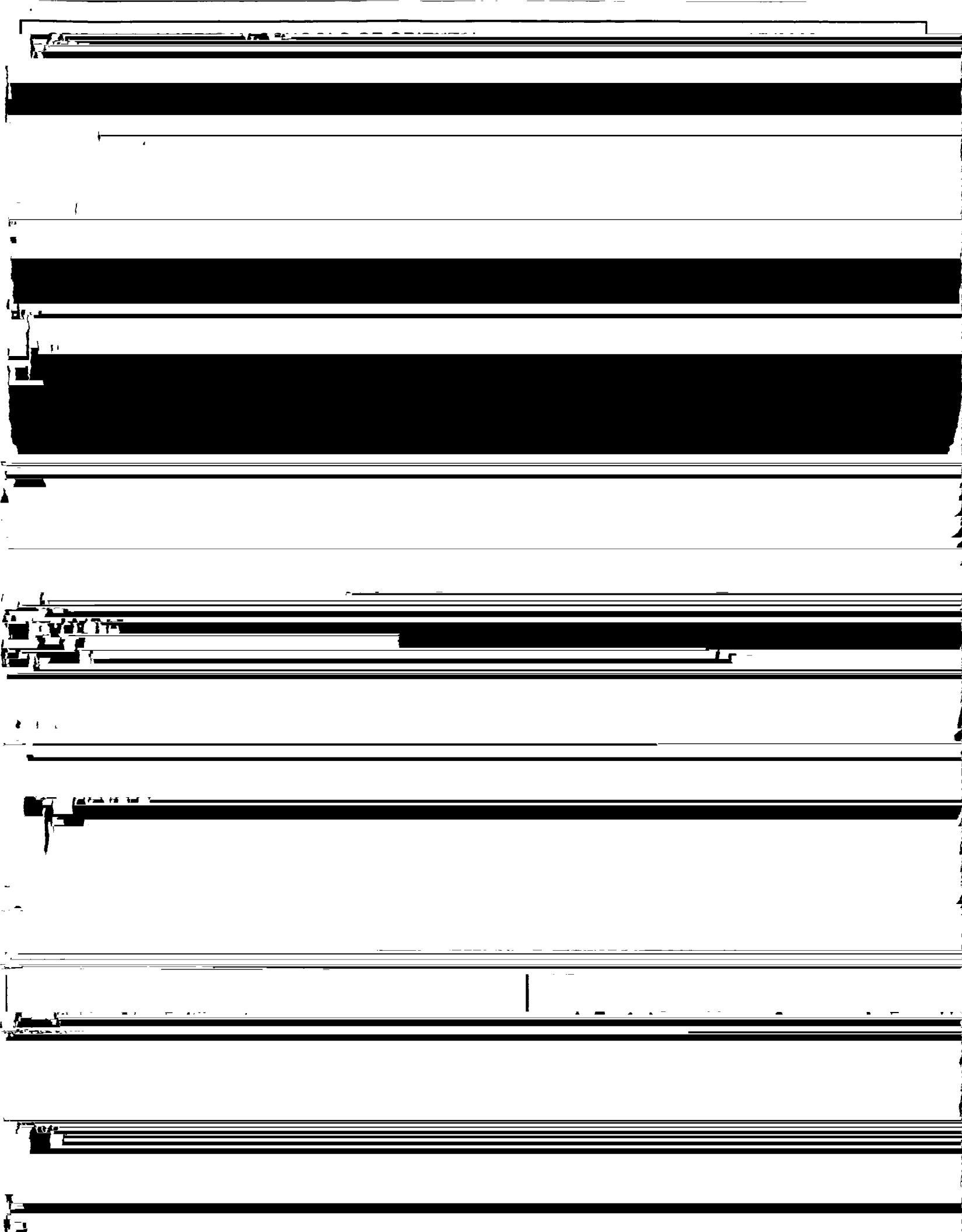
Federal Statements

FYE: 6/30/2008

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
LIABILITY INSURANCE	3,069	2,148	614	307
SPONSORED PROJECTS	47,203	47,203		
DEVELOPMENT EXPENSES	1,145	1,078		67
BAD DEBT EXPENSE	4,909	4,909		
MISCELLANEOUS	5,914	4,259	1,348	307
SOFTWARE MAINTENANCE	5,115	5,115		
BANK CHARGES	5,035	5,035		

Registration



Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
AN, SUSAN WINMAN BOX R NH 03755	TRUSTEE	1	0	0	0
RY, GARY ERRY POINT ALLEY CA 94941	TRUSTEE	1	0	0	0
Y, BILL RTH LEXINGTON E KY 40390	TRUSTEE	1	0	0	0
Y, JEFFREY ELLESLEY ROAD N WI 53705-2229	VP PUBLICATI	1	0	0	0
SMITH, ELIZABETH LAND TERRACE YNWYD PA 19004	TRUSTEE	1	0	0	0
CK, JEFFREY 900 NORTH WEST UT 84404	TRUSTEE	1	0	0	0
AS, MARK TATE STREET SE WI 54601	TRUSTEE	1	0	0	0
ERIC ND ST NW GTON DC 20052	TRUSTEE	1	0	0	0
FRANK MOORE NITY AVENUE DGE MA 02138	TRUSTEE	1	0	0	0

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Class	Title	Average Hours	Compensation	Benefits	Expenses
	TRUSTEE	1	0	0	0
-5300	TRUSTEE	1	0	0	0
	TRUSTEE	1	0	0	0
	TRUSTEE	1	0	0	0
-3181	TREASURER	1	0	0	0
	TRUSTEE	1	0	0	0
	TRUSTEE	1	0	0	0
3932	TRUSTEE	1	0	0	0
39762	PRESIDENT	1	0	0	0

Federal Statements

Attachment V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
PROG	1	0	0	0
PROG	1	0	0	0
EE	1	0	0	0
P	1	0	0	0
EE	1	0	0	0
EE	1	0	0	0
EE	1	0	0	0
MAN/LIF	1	0	0	0
EE	1	0	0	0

Federal Statements

352617

6/30/2008

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RS, ERIC BOX 90964 AM NC 27708-0969	PAST PRES	1	0	0	0
IHAN, ELIZABETH ENTRAL, PAK WEST YORK NY 10023	TRUSTEE	1	0	0	0
INS, ROBERT E BONITA AVE DIMAS CA 91773	TRUSTEE	1	0	0	0
AI, BETH ALPERT N PARK AVENUE ON AZ 85721	TRUSTEE	1	0	0	0
ON, ORLYN UA STREET INSTER MA 01453	TRUSTEE	1	0	0	0
NNELL, KEVIN BOX 212074 N JORDAN 11121	TRUSTEE	1	0	0	0
ERSPACH, AUSTIN N MERIDIAN ANAPOLIS IN 46208	TRUSTEE	1	0	0	0
NER, BW E BROW ROAD AL MOUNTAIN TN 37377	TRUSTEE	1	0	0	0
UER, RICHARD J WILLOW AVENUE HMONT NY 10538	TRUSTEE	1	0	0	0

Federal Statements

Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MEMBERSHIP	1	0	0	0
EE	1	0	0	0
EE	1	0	0	0
EE	1	0	0	0
EE	1	0	0	0
TARY	1	0	0	0
EE	1	0	0	0
EE	1	0	0	0
DIR	35	82,550	0	0

ents

Officers, Directors, Trustees, and Key
Personnel

<u>Average</u> <u>Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
	0	0	0
	0	0	0
	0	0	0

Federal Statements

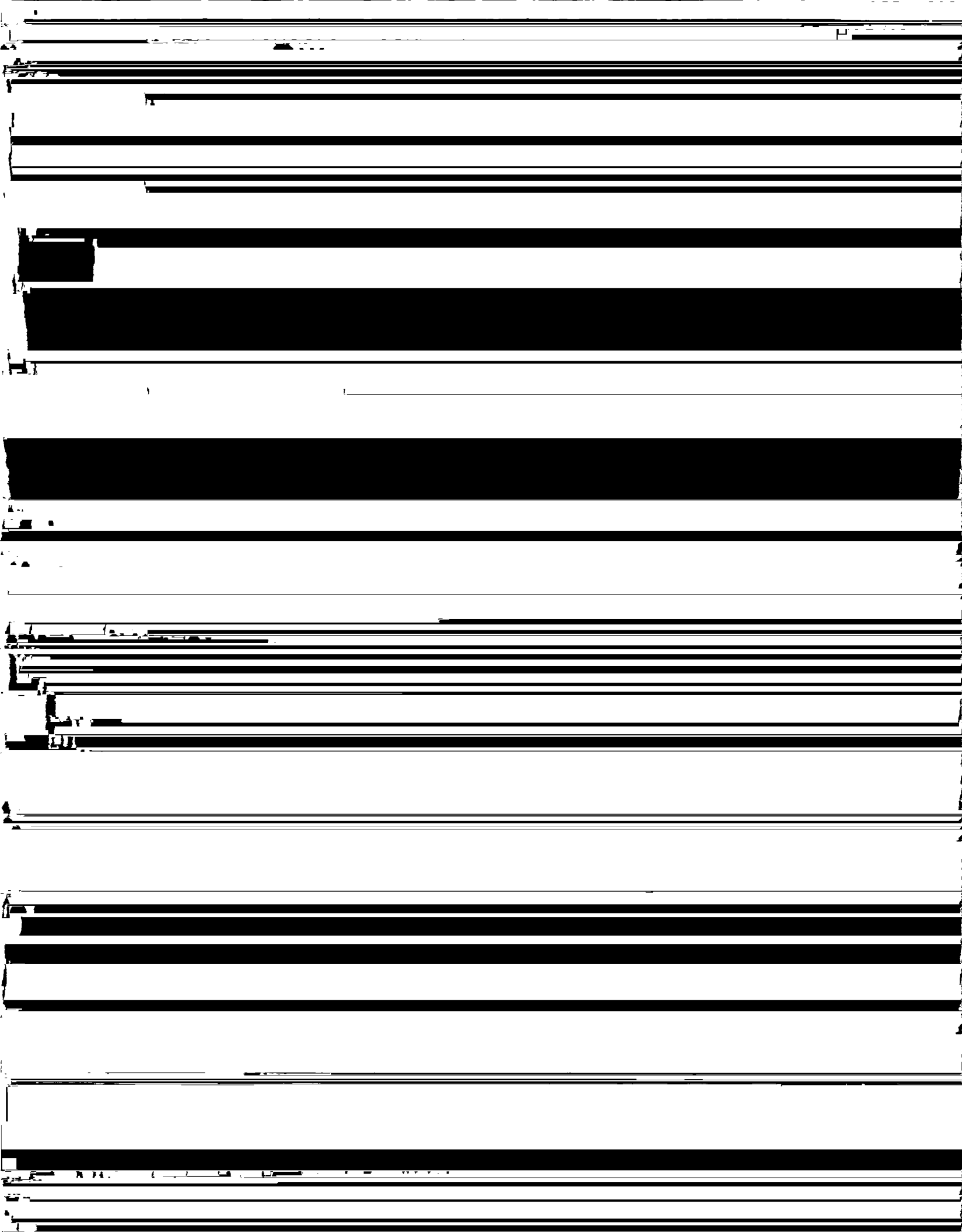
Statement 12 - Form 990, Part VI, Line 82b - Donated Services

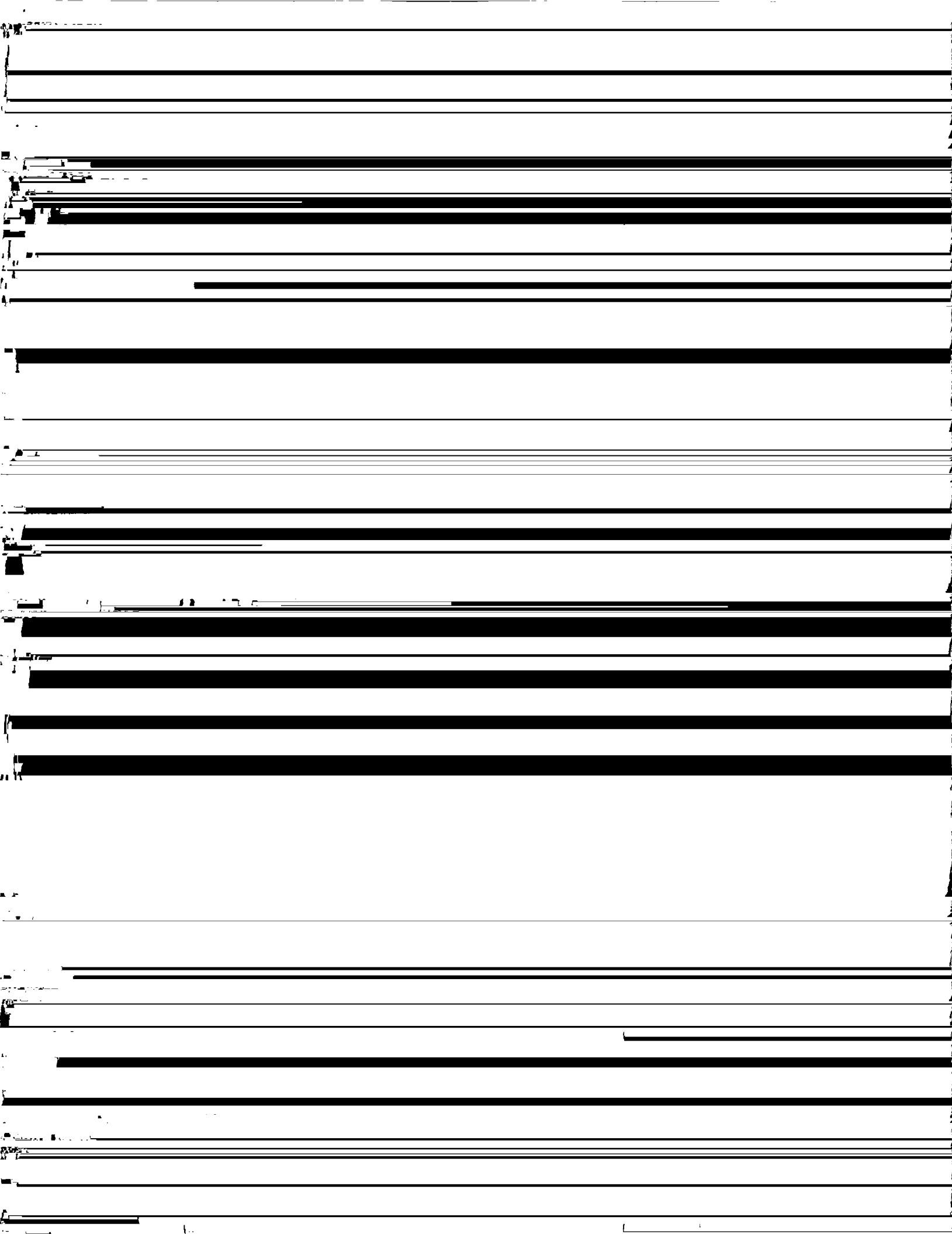
<u>Description</u>	<u>Amount</u>
LEGAL FEES	\$ 17,266
OFFICE RENT	33,660
PHOTOCOPIES	3,500
TOTAL	<u>\$ 54,426</u>

Statement 14 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

AWARDS AND FELLOWSHIPS ARE GIVEN TO THOSE WHO BEST QUALIFY ACADEMICALLY.





Form **8868**
(Rev April 2008)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

● 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).