SCANNED MAY 1 1 2009

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoning organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public Inspection

| A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20 | | | | | | | | , 20 | | |
|---|--|---|--|----------------------------------|---------------|----------------------------|---|---------------------------|--|--|
| | Check if ap Address c | hange use IRS Boy Area Mashers 94 | | | 94 | oyer identification number | | | | |
| | Name cha Initial retur Termination | print or Number and street (or PO box, if mai is not delivered to street address) Room/suite E Teler type. | | | | | ohone number) | | | |
| | Amended Application | return Specific Instruc- | Sity or them, state or country, and Berkeley (H | 94702 | | F Group Numbe | up Exemption | | | |
| _ | | on 501(c)(3) organiz | rations and 4947(a)(1) nonexemp repleted Schedule A (Form 990 c | | 1 | unting met | | Cash Accrual | | |
| | Websit Organiz | | nly one) – 🏿 501(c) (⊘ 🐧 ◀ (inse | t no.) 4947(a)(1) or 527 | - requi | | if the organization is not tach Schedule B (Form 990, 0-PF). | | | |
| | | | on is not a section 509(a)(3) suppo | | eipts are nor | mally not m | nore tha | ın \$25,000 A return ıs | | |
| | | | ne 9 to determine gross receipts; if | | stead of Form | n 990-EZ | ▶ \$ | | | |
| | art I | | enses, and Changes in Ne | | | | ons fo | r Part I.) | | |
| | Τ' ' | | | | <u> </u> | | 1 | 4145 | | |
| | 1 | | s, grants, and similar amounts re | | | | 2 | 7 4 12 | | |
| | 2 | _ | revenue including government | rees and contracts | | | 3 | 1050 | | |
| | 3 | • | s and assessments | | | | 4 | 3050 | | |
| | 4 | Investment incom | | ventory 5a | | | - | | | |
| | 5a | | om sale of assets other than in | Vollidity | | | | | | |
| | b | | er basis and sales expenses | | \ | odulo) | 5c | | | |
| ē | , c | | sale of assets other than invent | | | | | | | |
| Revenue | 6 | | ivities (complete applicable parts of Sch | | Check here | | | | | |
| Š | a | | ot including \$ | l Gal | | 1 | | | | |
| Œ | i . | reported on line 1 | • | · · · · · · · · | | | 1 | | | |
| | C | Net income or (lo | enses other than fundraising expess) from special events and a | ctivities (Subtract line 6b from | line 6a) | | 6c | | | |
| | 7a | Gross sales of in | ventory, less returns and allow | rances | | | | | | |
| | b | | | | | | | | | |
| | C | | | | | | 7c | | | |
| | 8 | Other revenue (de | escribe | and & p. c. a cons | ··· | `) ⊦ | 8 | 1995 | | |
| | 9_ | Total revenue. A | Add lines 1, 2, 3, 4, 5c, 6c, 7c, | and & 2 0 2009 | <u></u> | . • | 9 | 2/3 | | |
| | 10 | | ar amounts paid (attach schied | ule) | | | 10 | | | |
| | 11 | Benefits paid to or for members | | | | | 11 | 750 | | |
| Š | 12 | Salaries, other compensation, and employee beharits DEN | | | | | 12 | | | |
| Ë | 13 | Professional fees and other payments to independent contractors | | | | | 13 | | | |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | | | | | 14 | | | |
| ш | 15 | Printing, publications, postage, and shipping. Other expenses (describe Kypinses of Nombiew Competition) | | | | | 15 | 3930 | | |
| | 16 | Other expenses (| (describe ► Kyplnses | OA WOMBEN (| mipe vi | 1 | 16 | | | |
| _ | 17 | | | | | | 17 18 | 615 | | |
| Net Assets | 18 | • | t) for the year (Subtract line 17 | | | | 10 | | | |
| SS | 19 | | | | | | | | | |
| Ä | | end-of-year figure reported on prior year's return) | | | | | | | | |
| ž | 20 | | | | | | 20 | 615 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | |
| | المتحدد | | See the instructions for Part II. | | | ginning of ye | | (B) End of year | | |
| 22 | Cael | Cash, savings, and investments | | | | | 22 | 615 | | |
| 23 | | Land and buildings | | | | | 23 | | | |
| 24 | | Other assets (describe >) | | | | | 24 | | | |
| 25 | | otal assets | | | | | 25 | | | |
| 26 | | al liabilities (descri | | | ; | | 26 | | | |
| 27 | 7 Net | assets or fund ba | alances (line 27 of column (B) | must agree with line 21) . | <u>'</u> . | | 27 | | | |
| _ | | | rk Reduction Act Notice, see th | | Cat No | 106421 | | Form 990-EZ (2008) | | |

| Page | 2 |
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| Pa | rt III Statement of Program Service Accom | | Expenses | | | |
|-----------|---|--------------------------------------|-----------------------------------|------------------|---------|---|
| Wh | What is the organization's primary exempt purpose? | | | | | quired for 501(c)(3) |
| Des | cribe what was achieved in carrying out the organiz | ation's exempt purposes. In | a clear and conc | ise manner, | and | (4) organizations 4947(a)(1) trusts; |
| des | cribe the services provided, the number of persons be | nefited, or other relevant info | rmation for each p | rogram title. | opti | onal for others.) |
| 28 | | | ···· | | | |
| | · | | | | | |
| | | | | | | |
| | (Grants \$) If this amount incl | <u>udes foreign grants, check</u> | here | . ▶ ⊔ | 28a_ | |
| 29 | | | | | | |
| | | ••••• | | | | |
| | /О | | | | 200 | |
| | (Grants \$) If this amount incl | | | | 29a | |
| 30 | • | | | | | |
| | | | | | | |
| | (Grants \$) If this amount incl | udes foreign grants, check | horo | ▶ □ | 30a | |
| | | udes foreign grants, check | | | 000 | |
| • | (Grants \$) If this amount incl | | here | □ | 31a | |
| 32 | Total program service expenses (add lines 28a th | rough 31a) | | | 32 | |
| | rt IV List of Officers, Directors, Trustees, and Key | | | | tructio | ons for Part IV.) |
| | (a) Name and address | (b) Title and average hours per week | (c) Compensation (If not paid, | (d) Contribution | | (e) Expense account and |
| | Lay Hairie and address | devoted to position | enter -0) | deferred compen | sation | other allowances |
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| Par | Other Information (Note the statement requirements in the instructions for Part VI.) | | | |
|-----------|--|----------------|---|----------|
| | | | Yes N | 10 |
| | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33_ |) | <u>X</u> |
| | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | | X |
| | 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. | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 35a | , | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | ļ <u>.</u> | |
| | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | 36 | <u>L</u> | X |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year? | 37b | | |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | × | <u> </u> |
| | Section 501(c)(7) organizations. Enter: |] ' | 1 1 | |
| | Initiation fees and capital contributions included on line 9 | | 1 1 | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶ | | | |
| b | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction | | | |
| | during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ | | i i | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | _ |
| 41 42a | List the states with which a copy of this return is filed. The books are in care of Server & Roomy Located at 1443 Sem Pable Ade, Bendery, CA 94702 ZIP + 4 > 94 | 1 84 701 | 9-04 | 10 |
| D | 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)? | 42b | Yes N | lo X |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| | 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: | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes N | lo |
| | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | K |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | را | 0 |
| | Fo | om 99 (| D-EZ (20 | X |

| Page | 4 |
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| · uno | - |

| Par | t VI | Section 501(c)(3) organizations only and complete the tables for lines 50 at | | organization | ns mus | st answer quest | ions 4 | 6–49 | |
|----------------|---|--|---|------------------------------------|--------------------------|---|--------------------|------------------|------------------|
| | | ne organization engage in direct or indirect p | | | | | 46 | Yes | No |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | | | | | 47 | | |
| | | e organization engage in lobbying activities organization operating a school as describe | • | | | | 48 | | |
| | | ne organization operating a school as describe | | | - | ite Schedule E . | 49a | | |
| | | s," was the related organization(s) a section | | eu organizati | 011: | · · · · · · | 49b | | |
| 50 | Comp | olete this table for the five highest compensative received more than \$100,000 of compensative received. | ited employees (other th | | | | | oyees) |) who |
| | (a) N | lame and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Comper | | (d) Contributions to employee benefit plans & deferred compensation | acc | Expensount an | nd |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | · | |
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| | | | | | | | | | |
| Total | numb | er of other employees paid over \$100,000 | | | | | | | |
| | • | plete this table for the five highest compensation from the organization. If there is no | • | ctors who ead | ch rece | ived more than \$1 | 00,000 | of | |
| | | (a) Name and address of each independent contractor p | paid more than \$100,000 | | (b) Typ | be of service | (c) Con | pensat | ilon |
| | | | | | | | | | |
| | | | | | | | | · | |
| | | | | | | | | | |
| | | | | | | | | - | |
| | | | | | | | | | |
| Total | numb | per of other independent contractors each re | ceiving over \$100,000 | ▶ | | | | | |
| Sign | | Under penalties of perjury, I declare that have examinand belief, it is true, correct, and complete. Declaration | ned this return, including according of preparer (other than office | npanying schedu er) is based on | iles and s all inform | statements, and to the lation of which prepare $4-16-$ | best of mer has an | y know y know | rledge ledge. |
| Here | • | Signature of officer Beynard Type or print name and title. | Treasurer | | D | ate | | | |
| —— Paid | | Preparer's signature | Date | self | ck if | Preparer's Identifying | Number (\$ | See instr | uctions) |
| Prepa Use (| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | | E | IN ▶ : | | | |
| Mav | the IR | S discuss this return with the preparer show | n above? See instructio | ns . | | | | es 🗆 | No |
| | | | | <u>.</u> | <u> </u> | <u>-</u> _ | om 99 0 | | |