

THE FAMILY TREE, INC.
Form 990, Exempt Tax Return
Year Ended June 30, 2008

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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.
- 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).

Section 501(c) corporations 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 section 501(c) corporations 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 The Family Tree, Inc.	Employer identification number 52-1110645
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 2108 N Charles St.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baltimore, MD 21218	

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 (section 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 books are in the care of. ▶ Management

Telephone No. ▶ 410-889-2300 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 section 501(c) corporation required to file Form 990-T) extension of time until 2/15, 20 09, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 07, and ending 6/30, 20 08.

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	\$	0.
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	\$	0.
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	\$	0.

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.

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

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	122,742.	36,823.	24,548.	61,371.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	1,758,450.	1,395,013.	201,536.	161,901.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	43,390.	33,204.	5,125.	5,061.
29 Payroll taxes	29	318,321.	242,020.	38,389.	37,912.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	14,000.		14,000.	
32 Legal fees.....	32				
33 Supplies.....	33	95,550.	88,136.	5,292.	2,122.
34 Telephone.....	34	35,540.	30,667.	2,871.	2,002.
35 Postage and shipping.....	35	11,367.	8,695.	1,612.	1,060.
36 Occupancy.....	36	94,746.	82,776.	5,588.	6,382.
37 Equipment rental and maintenance....	37	33,854.	24,542.	5,380.	3,932.
38 Printing and publications.....	38	26,388.	17,061.		9,327.
39 Travel.....	39	37,062.	35,956.	492.	614.
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41	16.		16.	
42 Depreciation, depletion, etc (attach schedule)....	42	78,569.	66,957.	5,421.	6,191.
43 Other expenses not covered above (itemize):					
a <u>Liability Insurance</u>	43a	32,759.	23,653.	5,401.	3,705.
b <u>Office Expense - Other</u>	43b	43,940.	25,742.	13,094.	5,104.
c <u>Professional Fees</u>	43c	192,927.	168,418.	13,768.	10,741.
d <u>Training & development</u>	43d	13,931.	12,917.	144.	870.
e <u>Volunteer training</u>	43e	8,812.	4,213.	327.	4,272.
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)....	44	2,962,364.	2,296,793.	343,004.	322,567.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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	387,724.	45	220,994.
46	Savings and temporary cash investments	289,418.	46	234,875.
47a	Accounts receivable	39,974.		
	b Less: allowance for doubtful accounts		47c	39,974.
48a	Pledges receivable	149,100.		
	b Less: allowance for doubtful accounts		48c	149,100.
49	Grants receivable	391,676.	49	303,039.
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	10,180.	53	260.
54a	Investments — publicly-traded securities... Stmt. 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,738,131.	54a	1,832,493.
	b Investments — other securities (attach sch.)... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56	Investments — other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	2,665,054.		
	b Less: accumulated depreciation (attach schedule)... Statement 6	649,839.	57c	2,015,215.
58	Other assets, including program-related investments (describe _____)		58	
59	Total assets (must equal line 74). Add lines 45 through 58	5,185,120.	59	4,795,950.
60	Accounts payable and accrued expenses	213,867.	60	134,358.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	1,433.	64b	
65	Other liabilities (describe _____)		65	
66	Total liabilities. Add lines 60 through 65	215,300.	66	134,358.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	3,669,056.	67	3,436,077.
68	Temporarily restricted	173,498.	68	98,249.
69	Permanently restricted	1,127,266.	69	1,127,266.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,969,820.	73	4,661,592.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5,185,120.	74	4,795,950.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No

If 'Yes,' enter the name of the foreign country. _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program fees					21,363.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	86,092.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	215.	
101 Net income or (loss) from special events			1	-91,670.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-5,363.	21,363.
105 Total (add line 104, columns (B), (D), and (E))					16,000.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Program fees consist of training to professionals and other organizations.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

The Family Tree, Inc.

Employer identification number

52-1110645

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 8		308,524.	7,164.	0.
Total number of other employees paid over \$50,000	0			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part IV Reason for Non-Private Foundation Status (See instructions.)

certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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?

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

31		
----	--	--

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

If you answered 'Yes' to either 34a or b, please explain using an attached statement.

34b		
-----	--	--

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

35		
----	--	--

Client FTREE

The Family Tree, Inc.

52-1110645

2/13/09

02:20PM

Statement 5
Form 990, Part IV, Line 54a
Investments - Publicly Traded Securities

Other Publicly Traded Securities	Valuation Method	Amount
smith Barney-Endowment-Next generation	Market Value	\$ 225,880.
Smith Barney-Weinberg Endowment	Market Value	996,734.
Smith Barney-Bauer Foundation	Market Value	609,879.
	Total	\$ 1,832,493.
Publicly Traded Securities		<u>\$ 1,832,493.</u>

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 241,558.	\$ 179,103.	\$ 62,455.
Machinery and Equipment	141,971.	132,233.	9,738.
Buildings	2,207,010.	338,503.	1,868,507.
Land	74,515.		74,515.
	Total	\$ 649,839.	\$ 2,015,215.

Statement 7
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Thomas P. McDonald 111 S. Calvert Street, 26th Fl Baltimore, MD 21202	President 1.00	\$ 0.	\$ 0.	\$ 0.
Bruce C. McEntee 850 Kenilworth Drive Towson, MD 21204	Treasurer 1.00	0.	0.	0.
Julia Keelty 2108 N. Charles Street Baltimore, MD 21218	Director 1.00	0.	0.	0.

Client FTREE

The Family Tree, Inc.

52-1110645

2/13/09

02:20PM

Statement 7 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Lois M. Shofer, Ph. D 2108 N. Charles Street Baltimore, MD 21218	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Laura P. McGrath 18 Loveton Circle Sparks, MD 21152	Director 1.00	0.	0.	0.
John Meyerhoff, M.D. 2435 W. Belvedere Av., Ste. 21 Baltimore, MD 21215	Director 1.00	0.	0.	0.
Patricia Lambert 2108 N. Charles Street Baltimore, MD 21218	Director 1.00	0.	0.	0.
Jeanne Rose Aarsand 114 Garrison Forest Road Owings Mills, MD 21117	Director 1.00	0.	0.	0.
Patricia Cronin 2108 N. Charles Street Baltimore, MD 21218	Executive Direc 40.00	122,742.	6,444.	0.
Betsy Sherman 2108 N. Charles Street Baltimore, MD 21218	Director 1.00	0.	0.	0.
William M. Shipp 11785 Beltsville Dr., 10th Flr Calverton, MD 20705	Director 1.00	0.	0.	0.
Ellen Macks 2108 N. Charles Street. Baltimore, MD 21218	Director 1.00	0.	0.	0.
Jeanne M. Uphouse 114 East Lexington Street Baltimore, MD 21202	Director 1.00	0.	0.	0.
Michael Rosenbaum 1501 W. Mt. Royal Avenue Baltimore, MD 21217	Director 1.00	0.	0.	0.
Sarah Woods 2108 N. Charles St. Baltimore, MD 21218	Director 1.00	0.	0.	0.

Client FTREE

The Family Tree, Inc.

52-1110645

2/13/09

02:20PM

Statement 7 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Michelle Swanenburg 100 E. Pratt, 8th Floor Baltimore, MD 21202	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Andrea Taylor 3922 Vero Road, Ste. 1 Baltimore, MD 21227	Director 1.00	0.	0.	0.
LaMont Toliver 1000 Hilltop Circle Baltimore, MD 21250	Director 1.00	0.	0.	0.
Xandy Waesche 2108 N. Charles Street. Baltimore, MD 21218	Director 1.00	0.	0.	0.
	Total	\$ 122,742.	\$ 6,444.	\$ 0.

Statement 8
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
Carolyn Finney 2108 N. Charles St. Baltimore, MD 21218	Prog. Director 40.00	67,723.	3,444.	0.
Mary Francioli 2108 N. Charles St. Baltimore, MD 21218	Dir. of Dvmt 40.00	74,763.	0.	0.
Dennis Bell 2108 N. Charles St. Baltimore, MD 21218	Finance Manager 40.00	65,000.	276.	0.
Kelly Sheridan 2108 N. Charles St. Baltimore, MD 21218	Annual Fund Man 40.00	50,866.	3,444.	0.
Yvette Rose 2108 N. Charles St. Baltimore, MD 21218	Grant Writer 40.00	50,172.	0.	0.
	Total	\$ 308,524.	\$ 7,164.	\$ 0.

organization or a post office box. Unless the home or alternative business addresses are included in the IRS form 990, please submit a separate list, including the home or alternative business address.

4. A copy of all **fundraising agreements**, if one or more independent contractors or subcontractors solicit public contributions on your organization's behalf in Maryland.
5. Any changes to the Registration or other documents, e.g., change to name, address, telephone number, articles of incorporation, etc.
6. A check or money order made payable to the Secretary of State in payment of the update fee. This fee is based on the organization's level of direct public contributions (see chart below).

Note: Charitable contributions are computed by adding lines 1a and 9a of Part I on the IRS Form 990 or COF-85 or by adding lines 1 and 6a of IRS Form 990 EZ, except Parent Teacher Associations (PTAs), add lines 1a and 9a and 10a on IRS Form 990 or COF-85 and/or 1 and 6a and 7a on IRS Form 990EZ.

Level of Charitable Contributions	Annual Fee
Less than \$25,000 (see note below)	\$0
At least \$25,000 but less than \$50,001	\$50
At least > \$50,001 but less than \$75,001	\$75
At least \$75,001 but less than \$100,001	\$100
\$100,001 and above	\$200

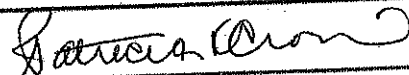
Note: Every charitable organization that collects less than \$25,000 but uses the services of a professional solicitor is required to pay an annual fee of \$50.

Failure to sign the certification below will result in a delay of your registration.

I certify that the IRS Form 990 or IRS Form 990-EZ for the fiscal year ending June 30, 2008 submitted to the Office of the Secretary of State under section 6-608 of the Business Regulation Article of the Annotated Code of Maryland is a copy of the form submitted to the Internal Revenue Service.

Name of Individual Preparing this Form: Patricia Cronin, Executive Director

Signature of Individual Preparing this Form



Date

2/23/09