Department of the Treasury Internal Revenue Service

SCANNED JUN 2 2 2009

## 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.

2008

OMB No. 1545-1150

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

Open to Public Inspection

| A   | For the   | 2008 calend   | ar year     | , or tax year beginning            | January 1                    | , 2008, and en        | ding D        | ecemb                | er 31              | , 20 08                                |  |
|---|---|---|-------------|------------------------------------|------------------------------|-----------------------|---------------|----------------------|--------------------|--|--|
| В   |   |   | Please      | C Name of organization             |                              |                       | D             | Employe              | r ider             | ntification number                     |  |
| 닏   |   | dress change use IRS label or National Alliance of Pan African Seminarians 62   |             |                                    |                              |                       |               |                      |                    | 1652158                                |  |
| H   | Name ch   | •   | print or    | Number and street (or P C          | box, if mail is not delivere | ed to street address) | Room/suite E  | Telepho              | ne nu              | ımber                                  |  |
| H   | Terminati   | tipe. See 3025 Lytle Drive  |             |                                    |                              |                       |               |                      |                    | 299-9906                               |  |
| H   |   | Specific City or town state or country and 7/9 + 4  |             |                                    |                              |                       |               |                      |                    | otion                                  |  |
| Ĭ   | instruc-  |   |             |                                    |                              |                       |               | Number ▶             |                    |  |  |
|   |   |   |             |                                    |                              |                       |               |                      | od:                | ☑ Cash ☐ Accrual                       |  |
| a completed Schedule A (Form 990 or 990-EZ).  Other (specify)   |   |   |             |                                    |                              |                       |               |                      |                    |  |  |
| _   | H. Charle N.  |   |             |                                    |                              |                       |               |                      | the c              | rganization is not                     |  |
| 1   |   |   |             |                                    |                              |                       |               |                      |                    | edule B (Form 990,                     |  |
| J   | J Organization type (check only one) —   501(c) ( 3 )   (insert no.)   4947(a)(1) or   527   990-EZ, or 9   |   |             |                                    |                              |                       |               |                      |                    |  |  |
|   | 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 ▶\$ |   |   |             |                                    |                              |                       |               |                      |                    |  |  |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)                             |   |   |             |                                    |                              |                       |               |                      |                    |  |  |
| _   | 1   |   |             |                                    |                              |                       |               |                      | 1                  |  |  |
| Revenue   | 2   |   |             |                                    |                              |                       |               |                      |                    |  |  |
|   | 3   |   |             |                                    |                              |                       |               |                      | 3                  |  |  |
|   | 4   |   |             |                                    |                              |                       |               |                      | 4                  |  |  |
|   | 5a  |   |             |                                    |                              | 1 - 1                 |               |                      |                    |  |  |
|   | 1 -   | Global arrival and or deside strict that inventory  |             |                                    |                              |                       |               |                      |                    |  |  |
|   | b   |   |             | •                                  |                              | — —                   | ottoch ochodi | ا (ما                | 5c                 |  |  |
|   | C   | •   | •           | sale of assets other than          |                              |                       |               |                      | ~                  |  |  |
|   | 6   |   |             | ivities (complete applicable parts |                              |                       | IECK IIEIE    | <b>니</b> )           | }                  |  |  |
|   | а   |   |             | ot including \$                    |                              |                       |               |                      |                    |  |  |
|   | 1 -   | reported o  | 5/1 mile 1/ |                                    |                              |                       |               |                      | -                  |  |  |
|   | 1   | Less, direct expenses other trial fundaming expenses  |             |                                    |                              |                       |               |                      |                    |  |  |
|   | _   |   |             |                                    |                              |                       |               |                      |                    |  |  |
|   | 7a  | area area area area area area area area   |             |                                    |                              |                       |               |                      |                    |  |  |
|   | ŀ   | b less. cost of goods sold  |             |                                    |                              |                       |               |                      | 7c                 |  |  |
|   | C   | 8 Other revenue (describe ►  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   |             |                                    |                              |                       |               |                      | 8                  |  |  |
|   | 1   |   |             |                                    |                              |                       |               | — ' <del> </del>     | 9                  |  |  |
| _   | 10  |   |             |                                    |                              |                       |               |                      | 10                 | · · ·                                  |  |
| Expenses  | 11  |   |             | ar amounts paid (attach s          | •                            |                       |               | · · -                | 11                 |  |  |
|   | ſ   | Benefits paid to or for members   |             |                                    |                              |                       |               |                      | 12                 |  |  |
|   | 13  |   |             |                                    |                              |                       |               |                      | 13                 | ······································ |  |
|   | 14  |   |             |                                    |                              |                       |               |                      | 14                 | ·                                      |  |
|   | 15  |   |             |                                    |                              |                       |               |                      |                    |  |  |
| ī   |   | Marie 6   | enses of    | describe                           |                              |                       |               | –                    | 16                 |  |  |
| Î   | <b>147</b>  | Total expe  | enses.      | Add lines 10 through 16            |                              |                       |               | — ′ <u>⊢</u>         | 17                 |  |  |
| $\Gamma$  |   |   |             | ) for the year (Subtract li        |                              |                       |               |                      | 18                 |  |  |
| Assets  | MAY   |   |             |                                    |                              |                       |               |                      |                    |  |  |
|   | פרקועו  | Not assets of fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). |             |                                    |                              |                       |               | wiiii   <sub>1</sub> | 19                 |  |  |
| <u>ڇ</u>  | 20-   |   |             | net assets or fund balar           |                              |                       |               |                      | 20                 | · ·                                    |  |
| ₹   | <b>)(aD</b> )   |   |             | d balances at end of year          |                              |                       |               | . ▶ 2                | 21                 |  |  |
| Œ   |   |   |             | s. If Total assets on line         |                              |                       |               |                      | ead                | of Form 990-EZ.                        |  |
|   | (See the instructions for Part II.)  (A) Beginning o  |   |             |                                    |                              |                       |               |                      |                    | (B) End of year                        |  |
| 2   | 2 Cas   | h, savings, a   | •           |                                    |                              |                       |               |                      | 22                 |  |  |
| 2   |   |   |             |                                    |                              |                       |               |                      | 23                 |  |  |
| 2   |   |   |             | <b>&gt;</b>                        |                              |                       |               |                      | 24                 | <del></del>                            |  |
| 2   |   | al assets (ut   |             |                                    |                              | •                     |               |                      | 25                 |  |  |
| 2   |   | ·   |             |                                    |                              |                       |               |                      | 26                 |  |  |
| 2   | 7 Net   | assets or f   | und ba      | alances (line 27 of colum          | nn (B) must agree wit        | th line 21)           |               |                      | 27                 |  |  |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat. No. 106421                               |   |   |             |                                    |                              |                       |               |                      | Form 990-EZ (2008) |  |  |