Form 990-EZ

Department of the Transputy

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except black lung benefit fruid 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 letsures sales than \$2,500,000 at the ond of the year may use this form.

OMB No. 1545-1150 2008

Control personnel   Cont	œ	nsi Revent	ue Service						ar to sausty state				03-31	, 20 0 9	27.17.
School of Special Programme Special Community and Research Special Research Special Programme Special Speci	ا	For the 2	2008 calenda	уевг, с	-				04-01 .20	uo, anu e	numy	T D Ema			umbat
Account property   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organizations and 4917(e) 1) nonexamp charge   Section 601(c) 2) organization and section 501(c) 2) organization section 501(c) 2) organizati	ರ (	Check if ap	oplicabie:	·	1	-							-		
Termination	_,	Address ch	zaudie	uma PRS							The section is				
Termination   Security   Securi	IJ٠	Магле сілаг	nge		Numbe	er and street (c	or P.O. box, If m	all is not delivere	ed to street addre	(35)	Koomanns	F 1618	pnone num	Del	
Animated recent   Appendix   Ap	ال	ත්සින් නිසිත්	า	type.						i		1			
Pagesteen personing   Seath visit   D. Tr. 3/721   Number   Pagesteen personing method   ∑ Cash   Acct   A	]	Termination	n								103				
Section 501(c) 2) organizations and 4947(c) 1) onexempt charitable trivets must sitiate   G Accounting method:   Cash   Accounting method:	_].	Amended r	return		City or	town, state or	country, and 21	P - 4							
a completed Schedule A (Form 990 or \$80-EZ).    Webelte:	_														
Wobsite:		<ul><li>Sect</li></ul>	tion 501(c)(3)	organiz	zations an	d 4947(n)(1	i) nonexemp	t charitable 1	rusts must at	tach	В	Accounting	method:	X Cash	Accrual
Website:				a cor	mpleted S	chedule A	(Form 990 o	r 990-EZ).							
J Organization type (check only one). √ 501(c) (3											Н	Check ▶ []	if the or	ganizatio	ton si r
K Check	ı	Website	: 🕨 www.	sudan	esecent	ter.org					_	required to	attach Sche	dule B (F	om 990,
Is not required, but if the organization chooses to file a return, belsure to file a complete return.  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 ▶ \$ 61,1  Reverbus, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and similar emounts received  1 Contributions, gifts, grants, and similar emounts received  1 Contributions, gifts, grants, and similar emounts received  2 16, 3 Membership dues and assessments  4 Investment income  5 Gross amount from sale of assets other than inventory  5 Less: cost or other basis and sales expenses  6 Gain or (loss) from sales of assets other than inventory (Subtract line 5b from line Ea) (datach schedule)  7 Sepecial events and activities (rempiss agalicable parts of Schedule C), if any amounts in tom group and the contributions reported on line 11  8 Conserveurue (not including S repenses  9 Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  1 Less: clinic expenses other than fundraising expenses  1 Net income or (loss) from special events and activities (Subtract line 6b from line 7a)  8 Other revenue (describe ▶  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Fordessional fees and other payments to independent contractors  13 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	J	Organiz	stion type (ci	neck on	ly one) -	X 501(c)	(3) ◀(	(Insert no.)	4947(a)(1)	or 15	27	990-EZ, or	990 <u>-PF</u> ).		
Add lines 5b, 6b, end 7b, 10 line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ   \$5	K	Check	if the o	rganizat	tion is not	a section 5	i09(a)(3) sup	porting organ	dzation and it	s gross n	eceipts an	e normally n	at more the	n \$25,000	). A return
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifs, grants, and similar amounts received 1 1 45,7 2 Program service revenue including government fees and contracts 2 166, 3 Membership dues and assessments 3 3 4 Investment income 4 4 5 Gross amount from saile of assets other than inventory 5 6s 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ls not rec	gulred, but if I	he orga	inization c	hooses to f	file a return,	be sure to file	a complete r	eturn.					
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5s Gross amount from sale of assests other than inventory b Less: cost or other basis and sales expenses c Gain or floss) from sale of assests other than inventory (Subtract line 5b from line 5a) (aftach schedule) c Gross arevenue (not including S of contributions reported on line 1) b Less: direct expenses other than fundralsing expenses c Not income or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross seles of inventory, isses returns and allowances b Less: cost of options or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (loss of line 5b from line 5a) c Gross profit or (loss) from special events and activities (loss of line 5b from line 5a) c Gross profit or (loss) from special events and activities (loss of line 5b from	L	Add line	s 5b, 6b, and	7b. to !i	ine 9 to de	etermine gro	oss receipts:	If \$1,000,00	O or more, file	Form 99	0 instead	of Form 990	-EZ ▶\$		61,845
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5s Gross amount from sale of assests other than inventory b Less: cost or other basis and sales expenses c Gain or floss) from sale of assests other than inventory (Subtract line 5b from line 5a) (aftach schedule) c Gross arevenue (not including S of contributions reported on line 1) b Less: direct expenses other than fundralsing expenses c Not income or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross seles of inventory, isses returns and allowances b Less: cost of options or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 5a) c Gross profit or (loss) from special events and activities (loss of line 5b from line 5a) c Gross profit or (loss) from special events and activities (loss of line 5b from line 5a) c Gross profit or (loss) from special events and activities (loss of line 5b from	_													art I.)	
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 b Less; cost or other basis and seles expenses c Gein or (foss) from sale of assets other than inventory (Subtract line 5b from line 5a) (intach schedule) c Gein or (foss) from sale of assets other than inventory (Subtract line 5b from line 5a) (intach schedule) c Sendal events and architists (complete applicable parts of Schedule G). If any emount in from a Gross revenue (not including \$ of contributions reported on line 1) b Less; direct expenses other than fundralising expenses c Net income or (foss) from special events and activities (Subtract line 6b from line 6a) 6 c Gross aprofit or (foss) from special events and activities (Subtract line 6b from line 6a) 6 c Gross aprofit or (foss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross sprofit or (foss) from sales of inventory (Subtract line 7b from line 7a) 7 c B Other revenue (describe > ) 8 Total revenue (describe > ) 9 Total revenue (describe > ) 9 Total revenue (describe > ) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Sprinting, publications, postage, and shipping 16 Other expenses (describe > STN1.30 17 Total expenses. Add lines 10 through 16 > 177 557, 18 Excess or (deficit) for the year (Subtract line 77 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) 19 Net assets or fund balances at end of year. (Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. (Combine lines 18 through 20 21 Net assets or fund balances at end of year. (Combine lines 18 through 20 21 Net assets or fund balances at end of year. (Combin															45,144
3 Membership dues and essessments 4 Investment income 5s Gross amount from sale of assets other than inventory 5 Less; cost or other basis and seles expenses 6 Cein or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (intach schedule) 7 Sepecial events and activities (comptain septicable parts of Schedule Cs), if any amount in from 8 Gross revenue (not including \$ 8 pecial events and activities (comptain septicable parts of Schedule Cs), if any amount in from 9 Gross revenue (not including \$ 10 Less; clinact expenses other than fundralsing expenses 10 Less; clinact expenses other than fundralsing expenses 10 Less; clinact expenses other than fundralsing expenses 11 Correspond of inventory, less returns and allowances 12 Less; cost of goods sold 13 Correspond of inventory, less returns and allowances 14 Correspond of inventory, less returns and allowances 15 Description of (loss) from sales of inventory (Subtract line 6b from line 5a) 16 Correspond of inventory, less returns and allowances 17 Description of the corresponding of inventory (Subtract line 7b from line 7a) 18 Correspondent of (loss) from sales of inventory (Subtract line 7b from line 7a) 19 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Sprinting, publications, postage, and shipping 16 Other expenses (describe ▶ STM1.30 17 Total expenses. Add lines 10 through 16 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) 19 Cash, savings, and investments 19 Cash, savings, and investments 10 Cher changes in net assets or fund balances (attach		2	Program ser	vice rev	venue incl	uding gove	rnment fees	and contract	s · · ·				2		16,701
A investment income Se Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) c Goss revenue (not including 5 reported on line 1) b Less: direct expenses other than fundraising expenses c Net Income or (loss) from special events and activities (Subtract line 6b from line 6a) c Income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross profit or (loss) from special events and activities (Subtract line 6b from line 6a) b Less: ost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: ost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gliter revenue (describe		3	Membership	dues a	and assess	sments -							3		<del></del>
Search		4											4		
b Less; cost or other basis and seles expenses  Gein or (loss) from sale of assets other than inventory (Subtract line 5b from line 1s) (attach schedule)  Gross revenue (not including \$ of contributions reported on line 1)  b Less; direct expenses other than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 6b from line 5s)  c Response of the than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 6b from line 5s)  c Gross seles of inventory, less returns and activities (Subtract line 6b from line 5s)  c Gross spidit or (loss) from sales of inventory (Subtract line 6b from line 5s)  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c  8 Other revenue (describe ▶ )  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ▶ STM130  17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Cash, savings, and Investments  Cash, savings, and Investments  STM132  10 Total assets  Cash, savings, and Investments  STM132  11 Cash, savings, and Investments  STM132  11 Cash assets  12 2, 53 23 28 ,		5a	Gross amou	nt from	sale of as	sets other i	than Invento			- 6a	i				<del></del>
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)  9								•			<del> </del>		-		
9 Special events and activities (complete applicable parts of Schedule C). If any amount is from general, check hare	<b>D</b>	1				•					ach echoc	(ula)			
a Gross revenue (not including \$ of contributions reported on line 1)  b Less: direct expenses other than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  8 Other revenue (describe ▶  7 Total revenue, Act dines 1, 2, 3, 4, 5c, 6c, 7c, and 6  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  12 Selaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ▶ STM130  17 Total expenses. Add lines 10 through 16  18 Excess or (deflicti) for the year (Subtract line 17 from line 9)  18 Excess or (deflicti) 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)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Cash, savings, and Investments  (See the instructions for Part II.)  23 Land and buildings  Cited assets  Cash, savings, and Investments		9										,	589.66		
reported on line 1)  b Less: direct expenses other than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross seles of inventory, less returns and allowences  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  8 Other revenue (describe ▶ ) 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 61, 5  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  12 Professional fees and other payments to independent contractors  13 5 5,  14 Occupancy, rent, utilities, and maintenance  14 14, 14,  15 Printing, publications, postage, and shipping  16 Other expenses. Add lines 10 through 16  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at end of year. Combine lines 18 through 20  19 Net assets or fund balances at end of year. Combine lines 18 through 20  19 Net assets or fund balances at end of year. Combine lines 18 through 20  19 Salance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of From 990-EZ.  Cash, savings, and investments  Cash assets or fund balances for Part II)  Other changes in ret assets or fund balances (attach, explanation)  20 Cash, savings, and investments  Cash, savings, and investments  STM1.31  10 Other dansests  Cash, savings, and investments  STM1.31  11 Occupancy  12 Cash, savings, and investments  STM1.32  12 Total assets  Cash ass							BIR O SCHEOL	1 -		generacy, ch	eck nare	<u></u>			
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross seles of inventory, less returns and allowences b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 8 Other revenue (describe ▶ ) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 61, 6 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ STM130 17 Total expenses. Add lines 10 through 16 18 Excess or (defficit) for the year (Subtract line 17 from line 9) 18 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) 21 Net assets or fund balances at end of year. Combine lines 16 through 20 22 Cash, savings, and investments 23 Land and buildings 34 Other changes in net assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ 35 Cash, savings, and investments 36 Other cashes (Gescribe ▶ STM131 37 Otal assets 38 Other cashes (Gescribe ▶ STM131 39 Other cashes (Gescribe ▶ STM132 30 Other changes in defect of the state of the page o	·	"		•	•				ibutions	ما دم	1				
c Net income or (loss) from special events and activities (Subtract line 6b from line 5a) 6c  7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c  8 Other revenue (describe	ě	h		•											
7a Gross sales of inventory, less returns and allowances   7a		1					•				L		- 152 Site		
b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe								1.			1				
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe								5							
8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 61, 4 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 1 12 265, 112 265, 113 2 265, 114 Occupancy, rent, utilities, and maintenance 114 14, 114, 115 115 115 115 115 115 115 115 115 11				_											
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Salaries, other compensation, and employee benefits  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ▶ STM130  17 Total expenses. Add lines 10 through 16  18 Excess or (defleti) 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)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Cash, savings, and trivestments  33 Cash, savings, and trivestments  34 Cash, savings, and trivestments  35 Cotal lasets  36 Cotal lasets  37 Cotal assets  38 Cher essets (describe ▶ STM131  39 10,046 24 13,15  30 Total lasets  30 Chier casets (describe ▶ STM132  30 Total lasets  31 Cotal lasetites (describe ▶ STM132  31 Total lasets  32 Cotal lasets  33 Cotal lasetitles (describe ▶ STM132  31 Total lasets  34 Cotal lasetitles (describe ▶ STM132  35 Total lasetitles (describe ▶ STM132  30 Total lasetitles (describe ▶ STM132  31 Total labilities (describe ▶ STM132  32 Total liabilities (describe ▶ STM132  33 Cotal liabilities (describe ▶ STM132  34 Cotal liabilities (describe ▶ STM132  35 Total liabilities (describe ▶ STM132  36 Total liabilities (describe ▶ STM132  37 Total lasets		1				es of invent	tory (Subtrac	t line 7b from	line 7a) • •	• • • •	• • • • •		7¢	<del></del>	
10   Grants and similar amounts paid (attach schedule)   10   11   11   12   12   13   15   12   12   15   13   15   14   15   15   15   15   15   15				•	_							)	8		
11   Benefits paid to or for members   11   12   26,	_	+											9		61,845
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 5,0 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe STM130 17 Total expenses. Add lines 10 through 16 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) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) 22 Cash, savings, and Investments 23 Land and buildings Citer assets (describe STM131 24 Total assets 25 Total llabilities (describe STM132  26 Total llabilities (describe STM132  27 Total llabilities (describe STM132  28 Total llabilities (describe STM132  29 STM132  20 STM132  21 2 2 2 2 2 2 3 2 3 3 3 3 3 5 3 3 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5 5 3 5 5 3 5 5 3 5						•	•						10		
Professional fees and other payments to independent contractors  13 5,0  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe > STM130  17 Total expenses. Add lines 10 through 16  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)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Cash, savings, and investments  Cash, savings, and investments  Cash, savings, and investments  Cash, savings, and investments  STM131  Cash is assets  Cash is ass	ε	1	•										11		
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > STM130 17 Total expenses. Add lines 10 through 16 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) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 (See the instructions for Part II.) 23 Cash, savings, and trivestments 24 Land and buildings 25 Other assets (describe > STM131 26 Total assets 27 Total assets 28 Total liabilities (describe > STM132 29 STM132 20 Total liabilities (describe > STM132 20 STM132 21 Land and buildities (describe > STM132 21 Total assets 22 Cash (describe > STM132 23 Total liabilities (describe > STM132 24 Total liabilities (describe > STM132 25 Total liabilities (describe > STM132 26 Total liabilities (describe > STM132	X	12											12		26,787
Section of the first dames, and market and the state of t	_	13									• • • • •		13		5,647
16   Other expenses (describe   STM130   )   16   10 / 2	n S	14	Occupancy,	rent, uti	ilities, and	maintenan	ice - • • •	<b>† · · · · ·</b>	• • • • • • •				14		14,651
Other expenses (describe STM130 ) 16 10, 7  Total expenses. Add lines 10 through 16		15			_		pi <b>ng</b>	ļ					16		235
17 Total expenses. Add lines 10 through 16  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)  21 Net assets or fund balances at end of year. Combine tines 18 through 20  22 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (B) End of year  (Cash, savings, and investments  13,587 22  15,6  23  Cher assets (describe STM131  ) 10,046 24  13,1  Total assets  23,633 25  28,5  Total liabilities (describe STM132  ) 1,219 26  2,27	5	18	Other expen	ees (de	iscribe 🕨	STM130						)	16		10,247
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)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II.)  Cash, savings, and investments  Cash, savings, and inv	_	17													57,567
Note 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)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II.)  Cash, savings, and investments  Cash, savings, and investmen		١i											18		4,278
end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 See the instructions for Part II.)  23 Cash, savings, and investments  Cash, savings, and investments  Cash, savings, and investments  Cash, savings of year  Cash, s	N <sup>8</sup>	19											<b>SPACE</b>		
20 Other changes in net assets or fund balances (attach explanation)   20   21   25,6	, 9 , 0		end-of-year	figure re	eported on	prior year!	's return) -		• • • • • •				19		22,414
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   26, 6	٠,	20													
Balance Sheets   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)   (A) Beginning of year   (B) End of		21	Net assets o	r fund b	palances a	at end of yea	ar. Combine	lines 18 thro	ugh 20				21		25,692
(See the instructions for Part II.)  Cash, sevings, and investments  Land and buildings  Other sasets (describe ► STM131  Total assets  Total labelities (describe ► STM132  Total labelities (describe ► STM132  (B) End of year  (B) End of year  (B) End of year  (B) End of year  13, 587 22  15, 9  23  23  24  10, 046 24  13, 1  25, 1  26, 27  27  Not an assets  (C) Beginning of year  (B) End of year  (B) End of year  (B) End of year  15, 9  26  15, 9  27  10, 046 24  13, 1  27  28  29  20  20  20  21  22  23  24  25  26  27  27  28  29  20  20  20  20  20  20  20  20  20	P	art IF												0-EZ	
22       Cash, savings, and investments       13,587 22       15,5         23       Land and buildings       23         Other easets (describe ► STM131       )       10,046 24       13,1         25       Total labilities (describe ► STM132       )       1,219 26       2,2					(See the	instructions	for Part II.)								t of year
23   23   23   23   24   24   24   25   25   26   27   27   27   28   29   29   20   20   20   20   20   20	22	Cash	, savings, and	i Investi	ments · ·		• • • • •	• • • • •	<b></b>					(e) En	15,968
Other assets (describe ► STM131       )       10,046 24       13,1         23       Total assets	23		_												
23 Total assets											,	10			13,112
26 Total liabilities (describe > STM132 ) 1,219 26 2,2	25										. —				28,980
17 Net seasts as fixed belances (iii = 27 of as iv = 42)	26										) i				2,288
	27	Net a	ssets or fund	balanc	:es (line 2	7 of column	(B) must a	nee with line	21)						26,692

02-0674431 Page 2 Sudanese Community and Women's Cent Form 990-EZ (2008) Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses (Required for 501(c)(3) What is the organization's primary exempt purpose? Refugee Assistance Organization and (4) organizations Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and 4947(a)(1) trusts; optional for others.) describe the services provided, the number of persons benefited, or other relevant information for each program title. 28 Adult Education program provides the following services: English Language, Citizenship, GED, Parenting, and Sewing Classes. One hundred two adults have enrolled in 2008-2009. 25,221 26,644 ) If this amount includes foreign grants, check here ...... 288 (Grants \$ 29 Youth Davelopment program provides the following services: One-on-One Tutoring, Leadership Development, Career and Educational Preparedness. There are 34 students currently 8,160 299 8,500 ) If this amount includes foreign grants, check hera 30 Health and Nutrition Program has trained 18 Refugee/immigrant women to train others in food and nutrition. Health awareness information has been provided to 4,197 4,850 ) If this amount includes foreign grants, check here ..... 30a See SERVICES 31 Other program services (attach schedule) 19,989 21,851 ) If this amount includes foreign grants, check here ..... (Grants \$ 32 Total program service expenses (add lines 28s through 31a) 57,567 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (e) Expenso (b) Title and average (c) Compensation (d) Contributions to employee benefit plens & deferred compensation account and (If not paid, hours per week (a) Name and address devoted to position other allowences enter -0-.) Executive Direc STMA01 Gatluak Ter Thach 0 21,588 700 Patricia Drive B-5 Nashville, 37217 50 President Simon T Nguthdell ٥ 0 548 Picadilly Row Antioch TN, 37013 Koang Joseph Coordinator ٥ Ω 830Glastonbury RD Nashville TN, 37217

Statement of Program Accomplishments - (Continued).

Grants Expenses	Grants Expenses
\$15,501 \$15,036	\$6,350 \$4,953
Employment Services and Career Development - Fifty persons have been through the program during the 2008-2009 year. Twelve have found meaningful employment in Warehouse/Manufacturing, Food and Beverage, Gardening, and Security Vocations; The Center also assisted in Resume, Job Seeking, Vocational Training, Application Assistance, and Referral Services.	Social Adjustment and Emergency Assistance - The food assistance program has served 360 individuals. The SCWC has assisted 78 individuals with various housing needs. Legal assistance has served 42 persons. Six hundred eighty (680) people have been assisted with interpretation, translation and immigration counsel during the current fiscal year.

<b>-</b>	90-EZ (2008) Sudanese Community and Women's Cent	02-0674431	P	age 3
	the state part requirements in the instructions for Part VI.)		TV	Na
Part		<del> </del>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each artistity	33	<del></del>	X_
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed conv of the changes	34	d er za navs	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others),	but		
35	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	1000	STATE OF THE STATE	1
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,		1	}
	and proxy tax requirements?	358	<u> </u>	X
	tf "Yes," has it filed a tax return on Form 990-T for this year?	35t	,	<u> </u>
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes."	Į –	T	
36	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or Indirect, as described in the instructions > 378		5,44	W
		371	<b>b</b>	\ x
b	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	5.E	714X3	W. 1. C.
38 a	Did the organization borrow from, or make any ideals (o, any officer, director, division, or key employees a state of the period covered by this return?	38		X
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>10-13</b>	377.6	44.
Þ	if "Yes, complete Schedule L, Part if and effect the total amount involves			
39				
	Initiation rees and capital conditional included on the s		1	
	Gloss receipts, included at time 3, for public use of clos racinities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		Sec. 1	A CLES
Þ	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 Schedul		.	1 .
	L, Part I	40	b   ∽ask : sa∧	X
C	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958		to	<b>3</b> 3
	Enter amount of tax on line 40c reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		<b>30</b>	1
	transaction? If "Yes," complete Form 8886-T	40	8	<u>\</u>
41	List the states with which a copy of this return is filed.			
42 a	The books are in care of Gatluak Ter Thach Telephone no	. ► <u>615-315-</u>	9691	
	Located at > 3221 Nolensville Pik Nashville, TN ZIP+4	▶ 37241		
ь	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		Yes	N
	account)?	42	ь	<u> </u>
	If "Yes," enter the name of the foreign country:		374	
	See the instructions for exceptions and filing requirements for Form TD F \$0-22.1, Report of Foreign Bank			
	and Financial Accounts.		7	***
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	2c	2
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here - · · · · ·			<b>•</b>
	. I	3		
			_	
		F	Yes	_
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	[· ]-		對於
	Farm 990-EZ	4		2
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	The state of the s	国际	78
_	"Yes," Form 990 must be completed instead of Form 990-EZ			
	EEA	Form	990-E2	(200

		gdemode	. Commod t	y and Women's Cer	n <b>t</b>	02-0	674431	Page 4
om 990-EZ					)(3) organizations mus	t answer questions 46-49		
	Section 501(c	(3) orgalished	nizamonis o <sub>ee 50 and 51</sub>	iny.	, , , , , , , , , , , , , , , , , , ,			
D'al 15-	and complete me	no in direct	or indirect polit	tical campaign activities of	n behalf of or in oppos	sition to		Yes No
i6 Did the	s organization enga Istas for public offic	nge ill direct ng2   If "Yac "	complete Sch	edule C. Part ! · · · ·			- 46	X
Caudio	emperion on the control of the contr	ano in tobbul	na activities?	if "Yes," complete Schadu	ale C, Part II	,	47	X
OIO THE	e organization enge	ige iii loooyi Kaa a echaal	se described	in section 170(b)(1)(A)(li)	? If "Yes." complete So	chedule E · · · · ·	- 48	X
as isthe⊲	organization opera	a any transfi	meye an eyem	pt non-charitable related	organization?		49a	X
HAS DIGITUE	e organización mak	e any uphan Manaizetian	e) a section 52	7 omenization?			- 49b	
D II 162	in the table for th	o five higher	st componente	d employees (other than	officers, directors, trus	tees and key employees) v	vho	
50 Compl	machine mare than	\$100 000 of	compensation	n from the organization. I	f there is none, enter "	None."		
68CH I	CONFO MOIS MON	\$100,000 V	Componsuito.					
				(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	
(a)	Name and address of ea		id more	hours per week		employee benefit plans & deferred compensation	accour other allo	
	than \$10	0,000		devoted to position		- Contract C		
							1	
ONE						<del> </del>	<del></del>	
							1	
		<del></del>			- +	<del></del>	<del></del>	
				1			1	
				<del>-</del>		<del></del>	<del></del>	
						1		
_							ì	
				L				
Total number	er of other employe	es paid over	\$100,000			T		
51 Comp	lete this table for th	ne five highe	st compensate	d independent contracto	rs who each received r	more than \$100,000 of		
	ensation from the d	_						
COMP	ensation nom the c	rganization.	ii iii iii ii ii ii ii ii ii ii ii ii i	one, enter reene,				
	(a) Name end address of	of noteh indepen	deed ecotomotor esi	id more than \$100 000	70.1	ypa of service	(c) Compens	estion
	(m) realine dito secures o	A GAGII III GERBIA	agin contractor per	a more stati prod,000		ypa or service	COMPONE	-anon
THE					i			
						<del></del>		
					1			
					}			
					<u>j</u> "			
Total number	er of other indepen	dent contrac	tors each rece	iving over \$100,000 ·	• • •			
	Under panaltin	t of perjury. I de	clare that I have o	xamined this return, including no	companying schedules and	statements, and to the best of my	knowledge	
	and bellef, it is	true correct, an	d complete. Decis	STERIOR OF PROPERTY OF TRAIN OF	floer) is based on all informa	tion of which preparer has any kno	ogbelwc	
Sign	<b>I N</b> (	Cha-	$\nabla v_{1} V_{2}$	1		!		
Here	Signature of off	ice				Date		
	Gatluak	Ter Thac	h, Executi	ve Director		6/10	sloa	
	Type or print na		···			<u> </u>	2104	
	Parameter 1			·· <del>······</del> ··	Date	A-17 Duame	- 14 - 117 1 21 1	<u> </u>
Paid	Preparer's	Davi	1 3	nu la	Date 06-15-2009		a Identifying No. ( クウェクク	See Inst.)
Preparer's	7	, - 000	The Taylo	- CHAN	40-13-2009		23122	70
	Firm's name (or your	» 🛦				EIN		
Use Only	if salf-employed), address, and ZIP + 4	, <b>/</b> _		ts Mila Drive	<del></del>			
Man 45 1 = 1	<u> </u>		Madison,			Phone no. 601-	-853-4920	
May the IRS	o giacuss this return	n with the pr	eparer shown :	above? See instructions		• • • • • • • • • • • • •	Yes Yes	No
					EEA	<del></del>	Form 99	0-EZ (200

	Federal Supporting Statements	2008
Name(s) as shown on return		FEIN
	<del> </del>	<del></del>

#### Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
Automobile Expense	644
Taxes and License	2,176
Supplies	3,522
Telephone	2,246
Bank Charges	110
Foods and Client Snacks	260
Fundraising Expenses	510
Miscellaneous Expenses	779
Total	10,247

### Form 990EZ, Part II, Line 24 Other Assets Schedule 3

Description Furniture and Equipment	Beginning of Year 10,046	End of Year 13,112
Total	10,046	13,112

# Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

Description Payroll Liabilities	Beginning of Year 1,219	End of Year 2,288
Total	1,219	2,288

PAGE 09

	Federal Supporting Statements	2008	
Muter no monte es (e)email		FEIN	
<del></del>			

Gatluak Ter Thach

Explanation Paid as employee with no fringe benefits.

## FOR TAX YEAR 2008

Sudanese Community and Women's Cent

The Taylor Group 167 Wrights Mills Drive Madison, MS 39110 (601)853-4920

Γ		1
l	Federal Filing Instructions	2008
ļ	Neme(s) as shown on return	Your Social Security Number
1	Sudanese Community and Women's Cent	02-0674431

Date to file by:

08-17-2009

Form to be filed:

Form 990EZ and supplemental Forms and Schedules

Sign and date:

An officer must sign and date Form 990EZ on page 3|.

Address to file:

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0027

Refund:

Neither a refund nor a balance due

Other Instructions:

If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.

	Statement of Program Service Accomplishments	2008 01
Name(s) as shown on mium		Your Social Security Number
Sudanese Co	ommunity and Women's Cent	02-0674431

# Form 990EZ, Part III, Line 31

Program Service Expenses \$19989
Grants and allocations included in above expense \$21851
Includes Foreign Grants No

Explanation Other program services

STM.LD