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CLIENT'S COPY



TAX & ADVISORY
SERVICES, LLC

910 Ridgebrook Road
Sparks, MD 21152

May 14, 2010

Mr. Rafael Lopez
The Family League of Baltimore City, Inc.
2305 N. Charles Street No. 200
Baltimore, MD 21218

Dear Mr. Lopez:

Enclosed is the organization's 2008 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of Form 990 is enclosed for inclusion in your Maryland filing.

Maryland requires the attachment of a board list including home addresses. Please include this information with your Maryland filing.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We sincerely appreciate the opportunity to serve you. Please

A Member of SC&H Group, LLC

Phone: (410) 403-1500 ♦ Toll Free: (800) 832-3008 ♦ Fax: (410) 403-1570 ♦ Web: www.SCandH.com

contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Lori S. Burghauser

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2009

Prepared for	Family League of Baltimore City, Inc. 2305 N. Charles Street No. 200 Baltimore, MD 21218
Prepared by	SC&H Tax & Advisory Services, LLC 910 Ridgebrook Road Sparks, Maryland 21152
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FAMILY LEAGUE OF BALTIMORE CITY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2305 N. CHARLES STREET 200 City or town, state or country, and ZIP + 4 BALTIMORE, MD 21218	D Employer identification number 52-1734848 E Telephone number 410-662-5500 G Gross receipts \$ 21,189,377.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
J Website: ▶ WWW.FLBCINC.ORG		F Name and address of principal officer: STUART GRAY SAME AS C ABOVE	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: MD	

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: FAMILY SUPPORT FOR BROKEN HOMES.	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
	5	Total number of employees (Part V, line 2a)	5 56
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	23,629,577. 21,129,534.
	9	Program service revenue (Part VIII, line 2g)	63,313. 16,602.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,762. 43,241.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,928,652. 21,189,377.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,843,695.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,978,781. 2,541,708.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,859,570. 783,567.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,838,351. 21,168,970.
19	Revenue less expenses. Subtract line 18 from line 12	90,301. 20,407.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,679,962. 9,316,887.
	21	Total liabilities (Part X, line 26)	9,646,037. 7,406,824.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,033,925. 1,910,063.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer _____ RAFAEL LOPEZ, CFO Type or print name and title	Date _____	
Paid Preparer's Use Only	Preparer's signature ▶ LORI S. BURGHAUSER Firm's name (or yours if self-employed), address, and ZIP + 4 SC&H TAX & ADVISORY SERVICES, LLC 910 RIDGEBROOK ROAD SPARKS, MARYLAND 21152	Date 05/14/10	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ (410) 403-1500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO COORDINATE THE MOBILIZING AND ORGANIZING OF PUBLIC AND PRIVATE RESOURCES TO ENSURE THAT FAMILIES ACCEPT THE RESPONSIBILITY, DEVELOP THE REQUISITE CAPACITY, AND RECEIVE THE SUPPORT NEEDED FOR RAISING, CARING FOR, AND ADVOCATING ON BEHALF OF THEIR CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,364,262. including grants of \$ 8,041,238.) (Revenue \$ 0.) AFTER SCHOOL PROGRAMS SUPPORT THE IMPROVEMENT OF THE QUALITY AND QUANTITY OF AFTER SCHOOL OPPORTUNITIES FOR YOUTH IN BALTIMORE CITY.

4b (Code:) (Expenses \$ 3,410,459. including grants of \$ 3,410,459.) (Revenue \$ 0.) COMMUNITY PARTNERSHIP PROGRAMS PROVIDE MANY SERVICES TO YOUTH WHO ARE RETURNING FROM OR ARE BEING DIVERTED FROM AN OUT-OF-STATE PLACEMENT AND/OR DETENTION.

4c (Code:) (Expenses \$ 1,902,736. including grants of \$ 1,190,990.) (Revenue \$ 0.) FAMILY RECOVERY OFFERS INTENSIVE CASE MANAGEMENT AND SUPPORT SERVICES FOR PARENTS IN BALTIMORE CITY INVOLVED IN CHILD IN NEED OF ASSISTANCE (CINA) PROCEEDINGS. THE PROGRAM IS DESIGNED TO DECREASE THE LENGTH OF STAY IN FOSTER CARE FOR CHILDREN AGES 0-5 WHO COME BEFORE CINA COURT FOR THE FIRST TIME WHERE AT LEAST ONE CHILD OF THE CUSTODIAL PARENT(S) IS FIVE YEARS OR YOUNGER.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,823,642. including grants of \$ 5,201,008.) (Revenue \$ 16,602.)

4e Total program service expenses \$ 19,501,099. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	46	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	56	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	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)?		X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
ELIZABETH B. LEWIS - 410-662-5500
2305 N. CHARLES STREET, SUITE 200, BALTIMORE, MD 21218

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW FREEMAN PRESIDENT	2.00	X						0.	0.	0.
DR. ANDRES ALONSO BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM ATKINS BOARD MEMBER	1.00	X						0.	0.	0.
ERNEST DORSEY BOARD MEMBER	1.00	X						0.	0.	0.
TONI DRAPER BOARD MEMBER	1.00	X						0.	0.	0.
DR. JACQUELYN DUVAL-HARV BOARD MEMBER	1.00	X						0.	0.	0.
SANDY FALLIN BOARD MEMBER	1.00	X						0.	0.	0.
REVEREND IRIS FARABEE-LE BOARD MEMBER	1.00	X						0.	0.	0.
OLLIVIA FARROW BOARD MEMBER	1.00	X						0.	0.	0.
HATHAWAY FEREBEE BOARD MEMBER	1.00	X						0.	0.	0.
LOUISE FINK BOARD MEMBER	1.00	X						0.	0.	0.
ROSS FORD BOARD MEMBER	1.00	X						0.	0.	0.
DR. JAY GILLEN BOARD MEMBER	1.00	X						0.	0.	0.
PAUL GRAZIANO BOARD MEMBER	1.00	X						0.	0.	0.
BISHOP MICHAEL D HANNA BOARD MEMBER	1.00	X						0.	0.	0.
LT. COLONEL RICK HITE BOARD MEMBER	1.00	X						0.	0.	0.
WALTER JACKSON BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA JESSAMY BOARD MEMBER	1.00	X						0.	0.	0.
DR. BRENDA KELLY BOARD MEMBER	1.00	X						0.	0.	0.
DR. PHILIP LEAF BOARD MEMBER	1.00	X						0.	0.	0.
DR SALIMA SILER MARRIOTT BOARD MEMBER	1.00	X						0.	0.	0.
RUTH MAYDEN BOARD MEMBER	1.00	X						0.	0.	0.
MOLLY MCGRATH BOARD MEMBER	1.00	X						0.	0.	0.
DR. ANNA MCPHATTER BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA PATALICS BOARD MEMBER	1.00	X						0.	0.	0.
JANE PLAPINGER BOARD MEMBER	1.00	X						0.	0.	0.
MARY LOUISE PREIS BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								168,981.	0.	15,056.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CHOICES, INC., 2300 NORTH CHARLES STREET, 3RD FLOOR, BALTIMORE, MD 21218	LOCAL COORDINATING	2,361,693.
UNITED WAY OF CENTRAL MARYLAND 100 S CHARLES STREET, BALTIMORE, MD 21203	HEALTHY FAMILIES	1,532,643.
YMCA OF CENTRAL MARYLAND, 20 S CHARLES STREET, SUITE 600, BALTIMORE, MD 21201	AFTER SCHOOL	1,321,242.
CHILD FIRST AUTHORITY 2901 DRUID PARK DRIVE, BALTIMORE, MD 21215	AFTER SCHOOL	1,059,352.
EAST BALTIMORE COMMUNITY CORP 301 N GAY STREET, BALTIMORE, MD 21202	YOUTH SERVICE BUREAU	603,737.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		40

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	213,000.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	20569705.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	346,829.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			21129534.			
	Program Service Revenue	2 a	OTHER INCOME	Business Code	900099	16,602.	16,602.	
b							
c							
d							
e							
f		All other program service revenue						
g		Total. Add lines 2a-2f			16,602.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		43,241.			43,241.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		Gross Rents	(i) Real				
		b	Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a		Gross amount from sales of assets other than inventory	(i) Securities				
		b	Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		b	Less: direct expenses					
		c	Net income or (loss) from fundraising events					
	9 a		Gross income from gaming activities. See Part IV, line 19					
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a							
	b						
	c						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			21189377.	16,602.	0.	43,241.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,843,695.	17,843,695.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	153,790.		153,790.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,879,254.	1,118,656.	760,598.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	508,664.	300,990.	207,674.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	54,092.		54,092.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	63,814.	9,546.	54,268.	
12 Advertising and promotion	4,547.	3,733.	814.	
13 Office expenses	150,693.	59,846.	90,847.	
14 Information technology	26,721.	1,140.	25,581.	
15 Royalties				
16 Occupancy	281,290.	78,098.	203,192.	
17 Travel	18,567.	14,530.	4,037.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,855.	25,546.	6,309.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,658.		34,658.	
23 Insurance	10,668.	1,041.	9,627.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a HARDWARE / SOFTWARE	40,717.	9,836.	30,881.	
b STAFF TRAINING	30,497.	28,495.	2,002.	
c LICENSES / PERMITS	18,425.	1,790.	16,635.	
d DUES AND SUBSCRIPTIONS	6,239.	2,864.	3,375.	
e RENOVATIONS	5,393.	1,293.	4,100.	
f All other expenses	5,391.		5,391.	
25 Total functional expenses. Add lines 1 through 24f	21,168,970.	19,501,099.	1,667,871.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	2,624,933.	1	1,914,828.	
	2	Savings and temporary cash investments	2,639,309.	2	2,660,364.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	6,280,754.	4	4,620,753.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	21,805.	9	42,439.	
	10a	Land, buildings, and equipment: cost basis ...	1,248,390.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	1,169,887.	113,161.	10c	78,503.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,679,962.	16	9,316,887.		
Liabilities	17	Accounts payable and accrued expenses	4,746,090.	17	3,366,972.	
	18	Grants payable		18		
	19	Deferred revenue	4,899,947.	19	4,039,852.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	9,646,037.	26	7,406,824.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets	2,033,925.	28	1,910,063.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	2,033,925.	33	1,910,063.		
34	Total liabilities and net assets/fund balances	11,679,962.	34	9,316,887.		

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **FAMILY LEAGUE OF BALTIMORE CITY, INC.** Employer identification number **52-1734848**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14046729.	18558846.	25203712.	23629577.	21129534.	102568398
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	14046729.	18558846.	25203712.	23629577.	21129534.	102568398
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						102568398

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	14046729.	18558846.	25203712.	23629577.	21129534.	102568398
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	138,549.	251,367.	270,708.	235,762.	43,241.	939,627.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						103508025
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.09 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.09 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

FAMILY LEAGUE OF BALTIMORE CITY, INC.

52-1734848

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization FAMILY LEAGUE OF BALTIMORE CITY, INC.	Employer identification number 52-1734848
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BALTIMORE CITY MAYORS OFFICE 100 N. HOLIDAY STREET BALTIMORE, MD 21202	\$ 7,959,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARYLAND DEPT OF JUVENILE SERVICES 120 W. FAYETTE STREET BALTIMORE, MD 21201	\$ 1,099,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MARYLAND GOVERNOR'S OFFICE OF CHILDREN 301 W. PRESTON STREET BALTIMORE, MD 21201	\$ 8,322,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MARYLAND STATE DEPT OF EDUCATION 200 W. BALTIMORE STREET BALTIMORE, MD 21201	\$ 595,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARYLAND STATE DEPT OF HUMAN RESOURCES 311 W. SARATOGA STREET BALTIMORE, MD 21201	\$ 1,902,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,498.	102,655.	9,843.
d Equipment		1,135,892.	1,067,232.	68,660.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				78,503.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Includes a Total row at the bottom.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,189,377.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,168,970.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	20,407.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-144,269.
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-144,269.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-123,862.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	21,189,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	21,189,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	21,189,377.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	21,168,970.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	21,168,970.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	21,168,970.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE ORGANIZATION HAD NO NET UNRELATED BUSINESS INCOME DURING THE

Part XIV Supplemental Information (continued)

YEARS ENDED JUNE 20, 2009 AND 2008.

THE ORGANIZATION DID NOT HAVE A SPECIFIC UNCERTAIN TAX POSITIONS FOOTNOTE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A GRANDMOTHER'S PILGRIMAGE 1027 CATHEDRAL STREET, APT 7K BALTIMORE, MD 21201	41-2206519	501(C)(3)	33,022.	0.			GENERAL SUPPORT
ACADEMY OF SUCCESS P.O. BOX 20544 BALTIMORE, MD 21223	52-2184518	501(C)(3)	46,250.	0.			GENERAL SUPPORT
ACORN INSTITUTE 1024 ELYSIAN FIELDS AVE NEW ORLEANS, LA 70117	72-1488419	501(C)(3)	22,500.	0.			GENERAL SUPPORT
ACP LEARNING 755 FRIENDSHIP ROAD WESTMINISTER, MD 21157	52-1692276	501(C)(3)	77,500.	0.			GENERAL SUPPORT
ARCHDIOCESE OF BALTIMORE 320 CATHEDRAL STREET, ROOM 207 BALTIMORE, MD 21201	52-1120501	501(C)(3)	233,037.	0.			GENERAL SUPPORT
ARENA PLAYERS 801 MCCULLOH STREET BALTIMORE, MD 21202	23-7336424	501(C)(3)	60,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **115.**
- 3** Enter total number of other organizations ▶ **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE AWARDED BASED ON A FORMAL REQUEST FOR PROPOSAL PROCESS. AWARDS ARE GIVEN OUT BASED ON THE QUALITY OF THE PROPOSAL SUBMITTED, THEIR RELEVANT EXPERIENCE AND THEIR FINANCIAL STRENGTH. THE FAMILY LEAGUE REVIEWS THE REVENUES AND EXPENSES FOR EACH GRANT ON A MONTHLY BASIS. MOST GRANTS REQUIRE DETAILED BUDGETS AND QUARTERLY FINANCIAL REPORTS SHOWING EXPENDITURES TO DATE.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMISTEAD GARDENS SCHOOL 5001 EAST EAGER ST BALTIMORE, MD 21205	23-7077009	501(C)(3)	11,250.	0.			GENERAL SUPPORT
BALTIMORE ALGEBRA PROJECT 2526 N. CHARLES STREET BALTIMORE, MD 21218	52-1948745	501(C)(3)	38,741.	0.			GENERAL SUPPORT
BALTIMORE CITY FOUNDATION 10 N. CALVERT STREET, RM 915 BALTIMORE, MD 21202	52-1212473	501(C)(3)	139,750.	0.			GENERAL SUPPORT
BALT. CITY HEALTH DEPARTMENT 1001 EAST FAYETTE STREET BALTIMORE, MD 21202	52-6000769	501(C)(3)	90,000.	0.			GENERAL SUPPORT
BALTIMORE CITY HEALTHY START 2521 N. CHARLES STREET BALTIMORE, MD 21218	52-1694523	501(C)(3)	84,507.	0.			GENERAL SUPPORT
BALTIMORE CLAYWORKS 5707 SMITH AVENUE BALTIMORE, MD 21209	52-1409133	501(C)(3)	5,500.	0.			GENERAL SUPPORT
BALTIMORE CURRICULUM PROJECT 2707 E. FAYETTE STREET BALTIMORE, MD 21224	52-1961406	501(C)(3)	158,086.	0.			GENERAL SUPPORT
BALTIMORE EDUCATION NETWORK 800 NORTH CHARLES STREET, STE 400 BALTIMORE, MD 21201	30-0212833	501(C)(3)	112,500.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BON SECOURS OF MD 26 N FULTON AVW BALTIMORE, MD 21223	52-1732800	501(C)(3)	53,159.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF BALTIMORE 1100 EAST FAYETTE STREET BALTIMORE, MD 21202	52-1641045	501(C)(3)	141,981.	0.			GENERAL SUPPORT
BELL 60 CLAYTON STREET DORCHESTER, MA 02122	04-3182053	501(C)(3)	149,676.	0.			GENERAL SUPPORT
BALT. MENTAL HEALTH SYSTEM 201 E. BALTIMORE STREET, RM 1340 BALTIMORE, MD 21202	52-1519025	501(C)(3)	173,837.	0.			GENERAL SUPPORT
BALT. SUBSTANCE ABUSE 122 WEBER ST BALTIMORE, MD 21230	52-1562534	501(C)(3)	466,067.	0.			GENERAL SUPPORT
BALT. SYMPHONY ORCHESTRA 1212 CATHEDRAL ST BALTIMORE, MD 21201	52-0629696	501(C)(3)	18,250.	0.			GENERAL SUPPORT
BALT. TEACHER NETWORK 406 NORTHWAY BALTIMORE, MD 21218	52-2085844	501(C)(3)	59,830.	0.			GENERAL SUPPORT
BALT. TENNIS PATRONS 8 PARK CENTER CT OWINGS MILLS, MD 21117	52-1155561	501(C)(3)	78,700.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING COMMUNITIES TODAY FOR TOMORROW - 1805 S. CHARLES STREET - BALTIMORE, MD 21230	52-2243519	501(C)(3)	230,352.	0.			GENERAL SUPPORT
BELAIR-EDISON YOUTH CENTER 4400 PARKSIDE AVENUE BALTIMORE, MD 21206	52-2397259	501(C)(3)	74,660.	0.			GENERAL SUPPORT
CHOICES, INC. 4701 N. KEYSTONE AVENUE, SUITE 150 INDIANAPOLIS, IN 46205	35-2005131	501(C)(3)	2,361,693.	0.			GENERAL SUPPORT
CIVIC WORKS 2701 ST. LO DRIVE BALTIMORE, MD 21213	52-1925614	501(C)(3)	64,000.	0.			GENERAL SUPPORT
COMMUNITIES ORGANIZED TO IMPROVE LIFE, INC. - 1200 W. BALTIMORE STREET - BALTIMORE, MD 21223	52-1019797	501(C)(3)	136,387.	0.			GENERAL SUPPORT
COMMUNITY CONFERENCING CENTER 2300 N. CHARLES STREET BALTIMORE, MD 21218	52-2337316	501(C)(3)	8,390.	0.			GENERAL SUPPORT
COMMUNITY LAW IN ACTION 520 W. FAYETTE STREET BALTIMORE, MD 21201	06-1710518	501(C)(3)	20,485.	0.			GENERAL SUPPORT
COMMUNITY TECH PROGRAM 512 ORCHARD STREET BALTIMORE, MD 21201	52-5191858	501(C)(3)	26,750.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

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Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE ALLIANCE 3134 EASTERN AVENUE BALTIMORE, MD 21224	52-1919988	501(C)(3)	42,250.	0.			GENERAL SUPPORT
CHAI-FALLSTAFF SCHOOL 5721 PARK HEIGHTS AVE BALTIMORE, MD 21215	23-7097000	501(C)(3)	16,575.	0.			GENERAL SUPPORT
CHANGING DIRECTIONS 422 E 31ST ST BALTIMORE, MD 21218	41-2159831	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHESAPEAKE CENTER FOR YOUTH 301 EAST PATAPSCO AVENUE BALTIMORE, MD 21225	52-1004559	501(C)(3)	44,115.	0.			GENERAL SUPPORT
CHILD FIRST AUTHORITY 2901 DRUID PARK DRIVE BALTIMORE, MD 21215	52-1992391	501(C)(3)	1,059,352.	0.			GENERAL SUPPORT
CHILDREN'S AID SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	13-5562191	501(C)(3)	99,500.	0.			GENERAL SUPPORT
DAYSRING PROGRAMS 1200 N COLLINGTON AVE BALTIMORE, MD 21213	52-7042543	501(C)(3)	80,956.	0.			GENERAL SUPPORT
AGAPE FAMILY EMPOWERMENT CENTER 4650 REISTERSTOWN ROAD BALTIMORE, MD 21215	52-1887786	501(C)(3)	37,512.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

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Inspection**

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUID HEIGHT COMMUNITY DEVELOPMENT 2140 MCCULLOH ST BALTIMORE, MD 21217	52-1021726	501(C)(3)	109,172.	0.			GENERAL SUPPORT
EAST BALTIMORE COMMUNITY CORP 301 NORTH GAY STREET BALTIMORE, MD 21202	52-0906413	501(C)(3)	603,737.	0.			GENERAL SUPPORT
EBLO 606 S. ANN STREET BALTIMORE, MD 21231	65-1255947	501(C)(3)	67,297.	0.			GENERAL SUPPORT
EUDAIMONIA FOUNDATION 11508 MANORSTONE LANE COLUMBIA, MD 21044	84-1672980	501(C)(3)	32,986.	0.			GENERAL SUPPORT
FITNESS FUN & GAMES 5503 BOXHILL LANE BALTIMORE, MD 21210	52-1724298	501(C)(3)	85,250.	0.			GENERAL SUPPORT
FRANCISCAN YOUTH CENTER 528 EAST 22ND STREET BALTIMORE, MD 21218	52-2121971	501(C)(3)	181,541.	0.			GENERAL SUPPORT
FUSION PARTNERSHIPS 1601 GUILFORD AVENUE, 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	37,500.	0.			GENERAL SUPPORT
GREATER BALT. URBAN LEAGUE 512 ORCHARD STREET BALTIMORE, MD 21201	52-0591585	501(C)(3)	44,369.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BALT. WOMEN BBALL 6422 KOFFEL COURT ELKRIDGE, MD 21075	52-1667238	501(C)(3)	142,400.	0.			GENERAL SUPPORT
GREATER HOMEWOOD COMMUNITY 3503 N. CHARLES STREET BALTIMORE, MD 21218	52-0897806	501(C)(3)	230,366.	0.			GENERAL SUPPORT
HAMPDEN FAMILY CENTER 1104 W. 36TH STREET BALTIMORE, MD 21211	52-1911153	501(C)(3)	8,234.	0.			GENERAL SUPPORT
HEAL, INC. 3307 LAKE AVE BALTIMORE, MD 21213	41-2175252	501(C)(3)	101,850.	0.			GENERAL SUPPORT
HISTORIC EAST BALTIMORE 1212 N. WOLFE STREET BALTIMORE, MD 21213	52-1903732	501(C)(3)	80,108.	0.			GENERAL SUPPORT
HOLISTIC LIFE FOUNDATION 2008 N. SMALLWOOD STREET BALTIMORE, MD 21216	03-0375886	501(C)(3)	40,428.	0.			GENERAL SUPPORT
HOPE WORLDWIDE 353 W LANCASTER AVE WAYNE, PA 19087	04-3129839	501(C)(3)	107,174.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	17,000.	0.			GENERAL SUPPORT

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INTREPID FOUNDATION 1724 EASTERN AVENUE BALTIMORE, MD 21231	20-3474069	501(C)(3)	15,412.	0.			GENERAL SUPPORT
EAST BALTIMORE MENTAL HEALTH 901 N. BROADWAY STREET BALTIMORE, MD 21205	52-0591656	501(C)(3)	14,161.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET, NO. D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	33,680.	0.			GENERAL SUPPORT
KHEPRA YOUTH DEVELOPMENT 2834 GUILFORD AVENUE, SUITE 100 BALTIMORE, MD 21218	52-2311873	501(C)(3)	24,714.	0.			GENERAL SUPPORT
KIDS ON THE HILL 2117 BROOKEFIELD AVENUE BALTIMORE, MD 21217	52-2071321	501(C)(3)	44,500.	0.			GENERAL SUPPORT
KOINONIA BAPTIST CHURCH 5000 SPENCER STREET LAS VEGAS, NV 89119	52-1774175	501(C)(3)	96,300.	0.			GENERAL SUPPORT
KUUMBA TUTORING & MENTORING PROGRAM-MORGAN STATE UNIVERSITY - 1700 E. COLD SPRING LANE - BALTIMORE, MD 21251	52-1941540	501(C)(3)	17,678.	0.			GENERAL SUPPORT
LEARNING INC. 1234 W. 36TH STREET BALTIMORE, MD 21209	52-2091494	501(C)(3)	51,100.	0.			GENERAL SUPPORT

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Department of the Treasury
Internal Revenue Service

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LIBERTY LEARNING 5093 ROSECREST PITTSBURGH, PA 15201	52-2221641	501(C)(3)	26,719.	0.			GENERAL SUPPORT
LIVING CLASSROOMS FOUNDATION 802 S. CAROLINE STREET BALTIMORE, MD 21231	52-1369524	501(C)(3)	131,308.	0.			GENERAL SUPPORT
MD COALITION OF FAMILIES 10632 LITTLE PATUXENT PKWY, SUITE 1 COLUMBIA, MD 21044	52-2214361	501(C)(3)	161,003.	0.			GENERAL SUPPORT
MD COMMITTEE FOR CHILDREN INC. 608 WATER STREET BALTIMORE, MD 21202	52-0853389	501(C)(3)	139,886.	0.			GENERAL SUPPORT
MAYOR'S OFFICE FOR EMPLOYMENT DEVELOPMENT - 417 E. FAYETTE STREET, SUITE 468 - BALTIMORE, MD 21202	52-6000769	501(C)(3)	175,901.	0.			GENERAL SUPPORT
MCKIM COMMUNITY CENTER 1120 E. BALTIMORE STREET BALTIMORE, MD 21202	52-0611110	501(C)(3)	72,563.	0.			GENERAL SUPPORT
MENTAL HEALTH SYSTEMS 9465 FARNHAM STREET SAN DIEGO, CA 92123	95-3302967	501(C)(3)	316,574.	0.			GENERAL SUPPORT
NEW SONG COMMUNITY LEARNING CENTER 1530 PRESSTMAN STREET BALTIMORE, MD 21217	52-1838848	501(C)(3)	12,416.	0.			GENERAL SUPPORT

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**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

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NORTHEAST YOUTH ASSOCIATION 1544 PUTTY HILL AVE TOWSON, MD 21286	52-1994343	501(C)(3)	54,585.	0.			GENERAL SUPPORT
NORTHWEST BALT. YOUTH SERVICES 3319 W BELVEDERE AVE BALTIMORE, MD 21215	52-1154901	501(C)(3)	449,289.	0.			GENERAL SUPPORT
ON OUR SHOULDERS 4102 N ROGERS AVE GYWNN OAK, MD 21207	13-4217995	501(C)(3)	6,250.	0.			GENERAL SUPPORT
ONE WORLD CULTURAL ARTS 4301 RASPE AVENUE BALTIMORE, MD 21206	52-2311873	501(C)(3)	34,794.	0.			GENERAL SUPPORT
OUR FORTRESS HOMES 5411 OLD FREDRICK RD BALTIMORE, MD 21229	52-2436559	501(C)(3)	47,655.	0.			GENERAL SUPPORT
PAN IN THE COMMUNITY 3907 HAMILTON AVENUE, 1ST FLOOR BALTIMORE, MD 21206	52-2297616	501(C)(3)	18,108.	0.			GENERAL SUPPORT
PARKS & PEOPLE FOUNDATION 800 WYMAN PARK DRIVE, SUITE 10 BALTIMORE, MD 21211	52-1349346	501(C)(3)	282,425.	0.			GENERAL SUPPORT
PARTNERS IN PROGRESS 2555 HARFORD ROAD BALTIMORE, MD 21218	52-1953593	501(C)(3)	246,838.	0.			GENERAL SUPPORT

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**SCHEDULE I-1
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Department of the Treasury
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PATERSON PARK PUBLIC 27 N. LAKEWOOD AVENUE BALTIMORE, MD 21224	01-0819395	501(C)(3)	64,835.	0.			GENERAL SUPPORT
PEOPLES COMMUNITY HEALTH CENTER 2204 MARYLAND AVE BALTIMORE, MD 21218	52-0905681	501(C)(3)	65,444.	0.			GENERAL SUPPORT
PORT RECOVERY 3809 E LOMBARD ST BALTIMORE, MD 21224	02-0646480	501(C)(3)	15,731.	0.			GENERAL SUPPORT
POWELL RECOVERY CENTER 14 S. BROADWAY BALTIMORE, MD 21231	52-1855663	501(C)(3)	110,933.	0.			GENERAL SUPPORT
PROGRESSIVE LIFE CENTER 1704 17TH STREET NE WASHINGTON, DC 20002	52-1326357	501(C)(3)	581,240.	0.			GENERAL SUPPORT
PROJECT GARRISON 3717 SPRINGDALE AVE BALTIMORE, MD 21216	52-1946685	501(C)(3)	22,500.	0.			GENERAL SUPPORT
PROJECT SUCCESS YOUTH PLACE 5005 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-1995134	501(C)(3)	31,014.	0.			GENERAL SUPPORT
PROJECT YOUTH ARTREACH 8100 GEORGIA AVENUE SILVER SPRING, MD 20910	52-2203133	501(C)(3)	23,628.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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QUEEN'S MOBILE EDUCATION 223 BENTLEY HILL DRIVE REISTERSTOWN, MD 21136	20-3490620	501(C)(3)	70,000.	0.			GENERAL SUPPORT
RECLAIMING OUR CHILDREN 3716 RAVENWOOD AVENUE BALTIMORE, MD 21213	05-0584940	501(C)(3)	49,916.	0.			GENERAL SUPPORT
REISTERSTOWN PARK HEIGHTS 2605 BANISTER ROAD BALTIMORE, MD 21215	52-2175210	501(C)(3)	23,564.	0.			GENERAL SUPPORT
SAFE & SOUND CAMPAIGN 2 EAST READ STREET BALTIMORE, MD 21202	52-2147148	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SAFE HEALING FOUNDATION 2112 N CHARLES ST, STE 201 BALTIMORE, MD 21218	25-1903112	501(C)(3)	219,866.	0.			GENERAL SUPPORT
SOUTHEAST YOUTH ACADEMY PO BOX 22309 BALTIMORE, MD 21203	52-1964317	501(C)(3)	17,500.	0.			GENERAL SUPPORT
SPORTS4KIDS 517 FOURTH ST OAKLAND, CA 94607	94-3251867	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ST. FRANCES ACADEMY 501 E CHASE STREET BALTIMORE, MD 21202	52-1738895	501(C)(3)	27,414.	0.			GENERAL SUPPORT

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Department of the Treasury
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ST. VINCENT DE PAUL SOCIETY 2050-C CHAMBLEE TUCKER RD ATLANTA, GA 30341	58-0967972	501(C)(3)	150,306.	0.			GENERAL SUPPORT
SUPPORTIVE HOUSING GROUP 1600 RUTLAND AVENUE BALTIMORE, MD 21213	06-1746070	501(C)(3)	80,171.	0.			GENERAL SUPPORT
TAKE BACK THE CITY 4803 GRINDON AVENUE BALTIMORE, MD 21214	57-1164180	501(C)(3)	13,397.	0.			GENERAL SUPPORT
TALKING DRUMS PROJECT 1601 GUILFORD AVENUE, 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	19,700.	0.			GENERAL SUPPORT
THE BUTTERFLY PROJECT 1601 OCEAN AVENUE, STE 342 SAN FRANCISCO, CA 94112	20-0799087	501(C)(3)	23,553.	0.			GENERAL SUPPORT
THE EMPOWERMENT CENTER 1505 EUTAW PLACE BALTIMORE, MD 21217	52-2333887	501(C)(3)	74,500.	0.			GENERAL SUPPORT
THE FAMILY TREE 2108 N CHARLES ST BALTIMORE, MD 21218	52-1110645	501(C)(3)	125,142.	0.			GENERAL SUPPORT
THE GUIDE RIGHT PROGRAM 4903 LIBERTY HEIGHTS AVENUE BALTIMORE, MD 21207	31-1157499	501(C)(3)	5,800.	0.			GENERAL SUPPORT

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THE Y.E.S. CLUB 3533 DOLFIELD AVENUE BALTIMORE, MD 21215	21-5869023	501(C)(3)	22,482.	0.			GENERAL SUPPORT
UMAR BOXING AND YOUTH 1217 W NORTH AVENUE BALTIMORE, MD 21217	52-2118412	501(C)(3)	64,664.	0.			GENERAL SUPPORT
UNCHAINED TALENT 4026 DEEPWOOD ROAD BALTIMORE, MD 21218	20-4900714	501(C)(3)	58,434.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL MD 100 S CHARLES STEEET BALTIMORE, MD 21203	52-0591543	501(C)(3)	1,532,643.	0.			GENERAL SUPPORT
UNIVERSITY OF MD MEDICAL SYSTEMS 110 SOUTH PACA ST, 9TH FLOOR BALTIMORE, MD 21201	52-6002033	501(C)(3)	15,294.	0.			GENERAL SUPPORT
UNIVERSITY OF MD SCHOOL OF SOCIAL WORK - 525 WEST REDWOOD STREET - BALTIMORE, MD 21201	52-6002033	501(C)(3)	25,554.	0.			GENERAL SUPPORT
UNIVERSITY OF MD BALTIMORE 660 W. REDWOOD STREET BALTIMORE, MD 21201	52-6002033	501(C)(3)	195,670.	0.			GENERAL SUPPORT
UNIVERSITY OF MD BALTIMORE COUNTY 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	52-6002033	501(C)(3)	358,262.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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Department of the Treasury
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VILLAGE LEARNING PLACE 2521 ST PAUL STREET BALTIMORE, MD 21218	52-2109848	501(C)(3)	69,095.	0.			GENERAL SUPPORT
W. HAYWOOD BURNS INSTITUTE 180 HOWARD STREET, SUITE 320 SAN FRANCISCO, CA 94105	81-0594086	501(C)(3)	8,000.	0.			GENERAL SUPPORT
WIDE ANGLE COMMUNITY MEDIA 2601 NORTH HOWARD ST BALTIMORE, MD 21218	52-2276602	501(C)(3)	38,200.	0.			GENERAL SUPPORT
YMCA OF CENTRAL MD 20 S CHARLES ST BALTIMORE, MD 21201	31-0022422	501(C)(3)	1,321,242.	0.			GENERAL SUPPORT
YOUTH AND COMMUNITY 3222 DORITHAN ROAD BALTIMORE, MD 21215	20-8894763	501(C)(3)	29,750.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **3**

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer Identification number

52-1734848

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VANESSA RINGGOLD BOARD MEMBER	1.00	X						0.	0.	0.
MARGARET SCHNITZER BOARD MEMBER	1.00	X						0.	0.	0.
DR. JOSHUA SHARFSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
LAMARR SHIELDS BOARD MEMBER	1.00	X						0.	0.	0.
KAREN SITNICK BOARD MEMBER	1.00	X						0.	0.	0.
STACY SMITH BOARD MEMBER	1.00	X						0.	0.	0.
SABRINA SUTTON BOARD MEMBER	1.00	X						0.	0.	0.
DEBORAH TISDALE BOARD MEMBER	1.00	X						0.	0.	0.
ANGELA VAUGHN-LEE BOARD MEMBER	1.00	X						0.	0.	0.
DR. MARIE WASHINGTON BOARD MEMBER	1.00	X						0.	0.	0.
KATHY WESTCOAT BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN WILBON BOARD MEMBER	1.00	X						0.	0.	0.
DELMAS WOOD BOARD MEMBER	1.00	X						0.	0.	0.
JOYCE WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
SHERRI KILLINS EXECUTIVE DIRECTOR (PART	40.00	X		X				0.	0.	0.
RAFAEL LOPEZ EXECUTIVE DIRECTOR (PART	40.00	X		X				0.	0.	0.
JANIE MCCULLOUGH EXECUTIVE DIRECTOR (PART	40.00	X		X				0.	0.	0.
JANIS PARKS EXECUTIVE DIRECTOR (PART	40.00	X		X				97,937.	0.	8,436.
STUART GRAY CHIEF FINANCIAL OFFICER	40.00			X				0.	0.	0.
DONALD WILDER CHIEF FINANCIAL OFFICER	40.00			X				71,044.	0.	6,620.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS PROVIDING FOR THE WELFARE OF CHILDREN FROM BROKEN HOMES.

EXPENSES \$ 5823642. INCLUDING GRANTS OF \$ 5201008. REVENUE \$ 16602.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND PRESIDENT. THEN, A NOTICE WITH A COMMENT DEADLINE IS SENT VIA EMAIL TO ALL BOARD MEMBERS INDICATING THAT THE FORM 990 IS AVAILABLE FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES MEMBERS OF THE BOARD OF DIRECTORS TO SIGN A WRITTEN CONFLICT OF INTEREST STATEMENT EACH YEAR. IF THERE IS A CONFLICT OF INTEREST THAT CANNOT BE RESOLVED, THE CHAIR OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR MAY ASK THE BOARD MEMBER TO RESIGN. IF THE CONFLICT OF INTEREST CAN BE RESOLVED, THE AGREED RESOLUTION WILL BE DULY NOTED IN WRITING AND A COPY WILL BE MAINTAINED IN THE BOARD OF DIRECTOR'S FILES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER OFFICERS OF THE ORGANIZATION IS BASED ON COMPARABLE SALARIES BY POSITION FOR OTHER SIMILAR NON-PROFITS. COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. OFFICER COMPENSATION MUST FIT WITHIN AN OVERALL BUDGET FOR THE ORGANIZATION. THE EXECUTIVE DIRECTOR IS NOT IN ATTENDANCE AND DOES NOT VOTE WHEN THEIR SALARY IS BEING DETERMINED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

ARE AVAILABLE UPON REQUEST. THE ORGANIZATION IS IN THE PROCESS OF IMPLEMENTING AN EXTERNAL WEBSITE THAT WILL PROVIDE THIS INFORMATION TO THE PUBLIC WITHIN THE UPCOMING FISCAL YEAR.

FORM 990, PAGE 11, PART XI, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Depreciation and Amortization 990
 (Including Information on Listed Property)

2008
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **FAMILY LEAGUE OF BALTIMORE CITY, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 10**
 Identifying number: **52-1734848**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	34,658.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	34,658.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and cost

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements, and Yes/No columns

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2008 tax year: Table with columns for percentage and cost

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number		
	FAMILY LEAGUE OF BALTIMORE CITY, INC.		52-1734848		
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only		
2305 N. CHARLES STREET, NO. 200					
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):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ELIZABETH B. LEWIS

• The books are in the care of **2305 N. CHARLES STREET, SUITE 200 - BALTIMORE, MD 21218**
 Telephone No. **410-662-5500** 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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2010**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND AN ACCURATE RETURN.

8a	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.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CFO** Date

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

FAMILY LEAGUE OF BALTIMORE CITY, INC.

52-1734848

Name and title of officer

**STUART GRAY
CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>21189377</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SC&H TAX & ADVISORY SERVICES, LLC to enter my PIN 21218
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 52410221031
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/14/10

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**