

# Return of Organization Exempt From Income Tax

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ 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 \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **Landstuhl Hospital Care Project**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **29 Greenleaf Terrace**  
 City or town, state or country, and ZIP + 4: **Stafford VA 22556**

**D** Employer identification number: **75-3185497**  
**E** Telephone number: \_\_\_\_\_  
**G** Gross receipts \$: **314,470**

**F** Name and address of principal officer:  
**Karen Grimond 29 Greenleaf Terrace, Stafford, VA 22556**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.landstuhlhospitalcareproject.org**  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Type of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: **2005** **M** State of legal domicile: **VA**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The Landstuhl Hospital Care Project is an organization that provides comfort and relief items for military members who become sick, injured, or wounded from service in Iraq, Kuwait, and Afghanistan. Donated items are distributed to military patients at Landstuhl Regional Medical Center in Germany. The purpose of the program is to enhance the morale and welfare of the wounded by contributing quality of life items.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>50,398</b>	Current Year: <b>314,470</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,976</b>	<b>0</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>53,374</b>	<b>314,470</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0</b>	<b>0</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	<b>0</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>49,345</b>	<b>68,382</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>49,345</b>	<b>68,382</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>4,029</b>	<b>246,088</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Year: <b>14,006</b>	End of Year: <b>60,142</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>0</b>	<b>0</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>14,006</b>	<b>60,142</b>

**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: *Sharon Buck* Date: 5/14/09  
 Signature of Treasurer: \_\_\_\_\_  
 Type or print name and title: **Sharon Buck Treasurer**

**Paid Preparer's Use Only**

Preparer's signature: *Kim Scott* Date: 5/14/2009 Check if self-employed:   
 Preparer's identifying number (see instructions): **P00173962**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Scott Accounting Services, LLC 13505 William Beanes Road, Upper Marlboro, MD 20772** EIN: ▶ \_\_\_\_\_ Phone no.: **301-257-1369**

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