

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

Please use IRS label or print or type. See Specific Instructions.

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		Prior Year	Current Year
Activities & Governance	1 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>		
	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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	0
	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
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	50,398	314,470
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,976	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,374	314,470
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	49,345	68,382	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	49,345	68,382	
19 Revenue less expenses. Subtract line 18 from line 12	4,029	246,088	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	14,006	60,142
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	14,006	60,142

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
 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 EIN: _____
13505 William Beanes Road, Upper Marlboro, MD 20772 Phone no.: 301-257-1369

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