Department of the Treasury - Internal Revenue Service 1040 U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space For the year Jan. 1-Dec. 31, 2008, or other tax year beginning OMB No. 1545-0074 2008, ending , 20 Label Your first name and initial Last name Your social security number (See Kenneth W 381-48-9108 Ross A B instructions) If a joint return, spouse's first name and initial Last name Spouse's social security number E 076-80-4493 Use the IRS Ross label. H Home address (number and street). If you have a P.O. box, see instructions. Apt. no. You must enter Otherwise, your SSN(s) above. 10735 Judy Lane R please print or type. City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Checking a box below will not change your tax or refund. Columbia, MD 21044 **Presidential** Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐You Spouse 4 Head of household (with qualifying person). (See instructions) If Filing Status the qualifying person is a child but not your dependent, enter 2 X Married filing jointly (even if only one had income) this child's name here. Married filing separately. Enter spouse's SSN above Check only Qualifying widow(er) with dependent child (See instructions) one box. and full name here. **Boxes checked X** Yourself. If someone can claim you as a dependent, do not check box 6a 2 on 6a and 6b **Exemptions** X Spouse. b No. of children (4) X if qual-ifying child for child (3) Dependent's Dependents: on 6c who: (2) Dependent's relationship to lived with you (1) First name Last name social security number did not live with Kelly Ross 216-51-4383Daughter you due to divorce If more than four 214-57-9262Son X Brian Ross or separation dependents, see (see instructions) instructions. Dependents on 6c 0 not entered above Add numbers on Total number of exemptions claimed . lines above ▶ 135,005. 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 Income 8a Taxable interest. Attach Schedule B if required 8a 169. Tax-exempt interest. Do not include on line 8a 8b b Attach Form(s) W-2 here. Also 9a Ordinary dividends. Attach Schedule B if required attach Forms b Qualified dividends (see instructions) 9b W-2G and 826. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . 10 1099-R if tax was withheld. 11 11 12 12 Business income or (loss). Attach Schedule C or C-EZ If you did not -3,000. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here get a W-2, 13 see instructions. 14 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a **b** Taxable amount (see instructions) 15b Pensions and annuities . . L16a 16b 16a **b** Taxable amount (see instructions) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 Enclose, but do not attach, any Farm income or (loss). Attach Schedule F 18 18 payment. Also, 19 19 please use 20a Social security benefits . . | 20a 20b Form 1040-V. 21 21 Other income. List type and amount (see instructions)........... 133,000. 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** 22

Adjusted Gross Income

23 Educator expenses (see instructions) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . 24 25 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans

28 29 Self-employed health insurance deduction (see instructions) . . 29 30 Penalty on early withdrawal of savings 30 31a 31a Alimony paid **b** Recipient's SSN ▶ 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 33

Subtract line 36 from line 22. This is your adjusted gross income .

133,000. Form 1040 (2008)

36

37

37

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

(Schedule B is on page 2)

OMB No. 1545-0074

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040

(99)

▶ Attach to Form 1040.

▶ See Instructions for Schedules A&B (Form 1040).

Your social security number

Kenneth	W	and Xiao H Ross			<u> 381</u>	-48-9108
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38 2				
Expenses	3	Multiply line 2 by 7.5% (.075)	3			
•	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	0.
	5	State and local (check only one box):				
Taxes You		a X Income taxes, or	5	8,721.		
Paid		b General sales taxes		•		
(See instructions.)	6	Real estate taxes (see instructions)	6	5,515.		
moti dottorio.)	7	Personal property taxes	7			
	8	Other taxes. List type and amount				
	-		8			
	9	Add lines 5 through 8			9	14,236.
latanast.	10	Home mortgage interest and points reported to you on Form 1098	10	5,165.		
Interest You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid		3,2031		
	••	to the person from whom you bought the home, see instructions and				
(See instructions.)		show that person's name, identifying no., and address ▶				
,		Show that person's harne, identifying no., and address >				
Note.	-					
Personal	-		11			
interest is not	12	Points not reported to you on Form 1098. See instructions	H''H			
deductible.	12	•	42			
	42	for special rules	12			
	13	Qualified mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See	,,			
		instructions.)	14		4.5	F 16F
	15	Add lines 10 through 14			15	5,165.
Onto to	16	Gifts by cash or check. If you made any gift of \$250 or	40	C 0F3		
Charity		more, see instructions	16	6,053.		
If you made a	17	Other than by cash or check. If any gift of \$250 or more,		1 000		
gift and got a	10	see instructions. You must attach Form 8283 if over \$500		1,293.		
coo instructions	18	Carryover from prior year	18			E 246
	19	Add lines 16 through 18.			19	7,346.
Casualty and						•
Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
Job Expenses	21 S	Unreimbursed employee expenses - job travel, union				
and Certain	-	dues, job education, etc. Attach Form 2106 or 2106-EZ				
Miscellaneou	S	if required. (See instructions.) ▶				
Deductions	-		21			
(See	22	Tax preparation fees	22	140.		
instructions.)	23	Other expenses - investment, safe deposit box, etc. List				
		type and amount				
	-	Safe Deposit Box 40.	23	40.		
	24	Add lines 21 through 23	24	180.		
	25	Enter amount from Form 1040, line 38 25 33,000.				
	26	Multiply line 25 by 2% (.02)	26	2,660.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0.
Other	28	Other - from list in the instr. List type and amount				
Miscellaneou	s _					
Deductions					28	0.
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing s		· .		
Itemized		X No. Your deduction is not limited. Add the amounts in the far				
Deductions		for lines 4 through 28. Also, enter this amount on Form 10	040, line	4 0. ▶ ▶	29	26,747.
		Yes. Your deduction may be limited. See instructions for the ar	mount to	enter.		
	30	If you elect to itemize deductions even though they are less than your standard	rd deduct	tion, check here		

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

Kenneth W and Xiao H Ross

Your social security number 381-48-9108

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other bas (see instructions)	
1	(======	(Mo., day, yr.)	(, 223, 3.1)	(000)	(**************************************	,
2	Enter your short-term to	<u>l</u> tals, if any, from Sche	l dule D-1,	1		
	line 2		2			
3	Total short-term sales	•				
4	column (d) Short-term gain from Fo			Forms 4684 678	】 31. and 8824 4	1
5	Net short-term gain or (le		• ,		· —	•
	Schedule(s) K-1				5	5
6	Short-term capital loss of	•			l l	10 460
	Carryover Worksheet in	n the instructions			6	19,469.)
7	Net short-term capital	gain or (loss). Combi	ne lines 1 through 6	in column (f)	7	-19,469.
Pa	rt II Long-Term Ca	pital Gains and Los	sses - Assets Hele	d More Than Or	e Year	
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other bas (see instructions)	
8						
				_		
9	Enter your long-term totaline 9	• •	· ·			
10	Total long-term sales p					
. •	column (d)					
11	Gain from Form 4797, P			•	· ·	
12	(loss) from Forms 4684, Net long-term gain or (lo					1
12	Schedule(s) K-1	•	•		I	2
	()					
13	Capital gain distributions					3
14	Long-term capital loss ca Carryover Worksheet in					4 (
15	Net long-term capital g					- /
	Part III on page 2		-		- 1	5 0.

Part III **Summary** -19,469. 16 If line 16 is: • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. Zero skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 17 Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet located in the 18 0. 19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet 19 0. 20 Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet located in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet located in the instructions. Do Not complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040 NR, line 14, the smaller of: 3,000.) • The loss on line 16 or 21 (• (\$3,000), or if married filing separately, (\$1,500 Note. When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet located in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **No.** Complete the rest of Form 1040 or Form 1040NR.

Form **2441**

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR

2008 Attachment

OMB No. 1545-0074

Attachment Sequence No. **21**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

See separate instructions.

Kenneth W and Xiao H Ross

Your social security number 381-48-9108

Persons or Organizations Who Provided the Care - You **must** complete this part. (If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Howard Cnty Recs/Parl	7120 Oakland Mills Rd. Columbia, MD 21046	52-6000965	1,166.
Mildred Ross	227 S. Saginaw St Byron, MI 48418	368-22-1680	4,800.

Did you receive dependent care benefits?

No → Complete only Part II below.

Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 60, or Form 1040NR, line 56.

Par	Credit for Chile	d and Dependent C	are Expenses		
2	Information about your	qualifying person(s)	. If you have more than tv	vo qualifying persons, s	ee the instructions.
	• • • • • • • • • • • • • • • • • • • •	Qualifying person's name		(b) Qualifying person's social	(c) Qualified expenses you incurred and paid in 2008 for the
	First		Last	security number	person listed in column (a)
Kel	1.72	Ross		216-51-4383	2,983.
KCI	- ± <u>y</u>	ROBB		210-31-4303	2,703.
<u>Bri</u>	an	Ross		214-57-9262	2,983.
	Add the amounts in coperson or \$6,000 for tw	vo or more persons. If	not enter more than \$3,00 you completed Part III, en	iter the amount	5,966.
	•		arned income (if your spou	_	70,413.
			ers, enter the amount from		58,586.
		• •			
			040NR, line 36 7		3,300
			low that applies to the am		
	If line 7 is:		If line 7 is:		
	But not Over over	Decimal amount is	But not Over over	Decimal amount is	
	\$0-15,000	.35	\$29,000-31,000	.27	
	15,000-17,000	.34	31,000-33,000	.26	
	17,000-19,000	.33	33,000-35,000	.25 g	X .20
	19,000-21,000	.32	35,000-37,000	.24	
	21,000-23,000	.31	37,000-39,000	.23	
	23,000-25,000	.30	39,000-41,000	.22	
	25,000-27,000 27,000-29,000	.29 .28	41,000-43,000 43,000-No limit	.21 .20	
		-	,		
		ecimal amount on line	8. If you paid 2007 expen		
	the instructions				1,193.
10	Enter the amount from For			15,756.	
	Enter the amount from For	· ·	· — —	0.	
			stop. You cannot take the		15,756.
13			ses. Enter the smaller of	I	_
	here and on Form 104	0, line 48, or Form 104	ONR, line 45	<u> 1</u>	1,193.

Department of the Treasury Internal Revenue Service

Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► See separate instructions.

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

OMB No. 1545-0908

Attachment

Sequence No. 155

Name(s) shown on your income tax return

Kenneth W and Xiao H Ross

Identifying number 381-48-9108

Par			s even if the ded I Property - If yo					
1		(a) Name and addre	ess of the		(b) Descripti donated vehicle, enter t	on of donated pro	odel, condition, and mi	leage,
Α	AMVETS 4647 Forbes	Boulevard	Lanham MD 2	20706 Cloth	ing, compu	iter, fu	rniture	
В								
С								
D								
E								
Vote	: If the amount you	claimed as a de	duction for an item	n is \$500 or less, y	ou do not have to	complete col	lumns (d), (e), and	d (f).
	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Meth	nod used to determine fair market value	
Α	06/21/2008	Various	Purchase	3,800.	1,293.	Thrift:	Shop	
В							-	
С								
D								
Ε								
	entire inte	rest in a proper	stricted Use Pro	Complete lines	3a through 3c if	conditions v	•	
Par 2a b	entire inte contribution Enter the letter from If Part II applies to Total amount clair	rest in a proper on listed in Part m Part I that ider o more than one p med as a deducti	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property	Complete lines e required statem for which you gav separate statement listed in Part I:	3a through 3c if nent (see instructed less than an entert. (1) For this tax year. (2) For any prior	conditions vitions). tire interest ear tax years	were placed on a	a
Par 2a b	entire inte contribution Enter the letter from If Part II applies to Total amount clair Name and address from the donee or	rest in a proper on listed in Part m Part I that ider or more than one pred as a deduction of each organization above	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property attorn to which any	Complete lines e required statem for which you gav separate statement listed in Part I:	3a through 3c if nent (see instructed less than an entert. (1) For this tax year. (2) For any prior	conditions vitions). tire interest ear tax years	were placed on a	a
Par 2a b	entire inte contribution Enter the letter from If Part II applies to Total amount clair	rest in a proper on listed in Part m Part I that ider or more than one pred as a deduction of each organization above	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property attorn to which any	Complete lines e required statem for which you gav separate statement listed in Part I:	3a through 3c if nent (see instructed less than an entert. (1) For this tax year. (2) For any prior	conditions vitions). tire interest ear tax years	were placed on a	a
Par 2a b	entire inte contribution Enter the letter from If Part II applies to Total amount clair Name and address from the donee or	rest in a proper on listed in Part ment I that ider of more than one pred as a deduction of each organization (donee)	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any i):	Complete lines e required statem for which you gav separate statement listed in Part I:	3a through 3c if nent (see instructed less than an entert. (1) For this tax year. (2) For any prior	conditions vitions). tire interest ear tax years	were placed on a	a
Par 2a b	entire inte contribution Enter the letter from If Part II applies to Total amount clair Name and address from the donee or Name of charitable organ	rest in a proper on listed in Part ment I that ider or more than one pred as a deduction of each organization above anization (donee)	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any i):	Complete lines e required statem for which you gav separate statement listed in Part I:	3a through 3c if nent (see instructed less than an entert. (1) For this tax year. (2) For any prior	conditions vitions). tire interest ear tax years	were placed on a	a
Par 2a b c	entire inteccontribution Enter the letter from If Part II applies to Total amount clair Name and address from the donee or Name of charitable organization and the City or town, state, and For tangible properties.	rest in a proper on listed in Part ment I that ider of more than one pred as a deduction of each organization above anization (donee) It, and room or suite not carry, enter the place.	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any i):	Complete lines required statem for which you gave separate statement listed in Part I: (3a through 3c if nent (see instructive less than an entit. (1) For this tax year (2) For any prior was made in a prior was m	conditions vitions). tire interest ear tax years rior year (com	were placed on a	a
Par 2a b c	entire inteccontribution Enter the letter from If Part II applies to Total amount clair Name and address from the donee or Name of charitable organization and the City or town, state, and For tangible properties.	rest in a proper on listed in Part ment I that ider of more than one pred as a deduction of each organization above anization (donee) It, and room or suite not carry, enter the place.	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any co.) ce where the property	Complete lines required statem for which you gave separate statement listed in Part I: (3a through 3c if nent (see instructive less than an entit. (1) For this tax year (2) For any prior was made in a prior was m	conditions vitions). tire interest ear tax years rior year (com	were placed on a	a
Par 2a b c	entire intercontribution Enter the letter from the letter from the done or the letter from the let	rest in a proper on listed in Part ment of the part of	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any e): ce where the property denote donee organization ary or permanent,	Complete lines required statem for which you gave separate statement listed in Part I: (a) a such contribution erty is located or k on, having actual pon the donee's rig	3a through 3c if nent (see instructive less than an entat. (1) For this tax year. (2) For any prior was made in a prior was	conditions vions). tire interest bear bax years brior year (comproperty	were placed on a	ent
Par 2a b c	entire intecontribution Enter the letter from the letter from the done or the letter from the lett	rest in a proper on listed in Part ment of the part of	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any electric constant of the property example. ce where the property endoneer organization ary or permanent,	Complete lines required statem for which you gave separate statement listed in Part I: (a) a such contribution erty is located or k on, having actual pon the donee's rig	3a through 3c if nent (see instructive less than an entat. (1) For this tax year. (2) For any prior was made in a propossession of the less than an entat.	conditions value tions). tire interest ear tax years rior year (come	were placed on a	
Par 2a b c	entire intercontribution Enter the letter from the letter from the done or the letter from the letter	rest in a proper on listed in Part ment of the part of	ty listed in Part I. I; also attach the ntifies the property property, attach a son for the property eation to which any e): ce where the property denote donee organization ary or permanent,	complete lines required statem for which you gave separate statement listed in Part I: (a) such contribution erty is located or k on, having actual ponthe donee's right cation or another one income from the	3a through 3c if nent (see instructive less than an entat. (1) For this tax year. (2) For any prior was made in a prior was made in a prior was made in a prior was entated by the possession of the ht to use or dispose donated property.	conditions value tions). tire interest tire	ated Yes	ei ei

c Is there a restriction limiting the donated property for a particular use?

Form 8283 (Rev. Name(s) shown		<u> </u>				Page 2 Identifying number
` '	,	nd Xiao H	Ross			381-48-9108
				tain Publicly Traded Se		
	(or gro	ups of similar items)	for which you claimed a de	eduction of more than \$5,000 opraisal is generally required	per item or group (except co	ontributions of certain
Part I				be completed by the ta		
			of property donated:	oo completed by the te	inpayor arrayor apprais	
Art*	(contribu	ution of \$20,000 or m	ore)	Qualified Conservation Cor	tribution	Equipment
	•	ution of less than \$20	0,000)	Other Real Estate		Securities
	ectibles*			Intellectual Property		Other
*Art includes pai and other similar		culptures, watercolors,	prints, drawings, ceramics, a	ntiques, decorative arts, textiles,	carpets, silver, rare manuscrip	ots, historical memorabilia,
			is, jewelry, sports memorabili ualified appraisal of the pro	ia, dolls, etc., but not art as defir	ned above.	
Note. In Certai	II Cases	, you must attach a q	ualilieu appraisai oi trie pro	operty. See instructions.		
5	(a) Descr	ription of donated prope	erty (if you need	(b) If tangible property was donate	d, give a brief summary of the overall	(c) Appraised fair
	more	space, attach a separa	te statement)	physical condition of the	ne property at the time of the gift	market value
Α						
В						
C						
(d) Date ad	rauired	(e) How acquired	(f) Donor's cost or	(g) For bargain sales, enter	See ir	structions
by donor (r		by donor	adjusted basis	amount received	(h) Amount claimed as a deduction	(i) Average trading price of securities
Α						
В						
С						
D	_	(5)		<u> </u>		
Part II			a tement - List each 10 or less. See instru	item included in Part actions.	above that the appra	aisai identifies as
		• ,		est of my knowledge and beli	ef an appraised value of not	more than \$500
(per item). Ente	er identif	ying letter from Part I	and describe the specific	item. See instructions. ▶ _		
Signature of tax	vnaver (d	donor)			Date ▶	
Part III		ration of Appra	aiser		Date F	
				the donor acquired the property	/, employed by, or related to an	y of the foregoing persons, or
		o is related to any of the ear for other persons.	e foregoing persons. And, if re	egularly used by the donor, done	ee, or party to the transaction, I	performed the majority of my
		•	as an appraiser or perform a	appraisals on a regular basis; an	d that because of my qualificati	ions as described in the
appraisal, I am q	ualified to	o make appraisals of th	e type of property being value	ed. I certify that the appraisal fee	s were not based on a percenta	age of the appraised property
the penalty unde	r section	6701(a) (aiding and ab	etting the understatement of t	e property value as described in tax liability). In addition, I unders	tand that a substantial or gross	valuation misstatement
•				ably should know, would be used m presenting evidence or testim		
Sign				F	,,	
	ature >			Title ▶	Date	•
Business addres	s (includi	ng room or suite no.)				Identifying number
City or town, stat	e, and ZI	P code				
Part IV			·	eted by the charitable of		
	-	_	· · · · · · · · ·	ation under section 170(c) an	d that it received the donated	d property as
described in Se	ection B,	Part I, above on the	rollowing date			
				ges, or otherwise disposes of		
. ,		•	of receipt, it will file Form ent agreement with the cla	8282 , Donee Information Re simed fair market value.	turn, with the IRS and give t	ne donor a copy of that
	•	•	erty for an unrelated use?		<u> </u>	. ▶ ☐ Yes ☐ No
Name of charital	lame of charitable organization (donee) Employer identification number					

UYA Form **8283** (Rev. 12-2006)

Title

Address (number, street, and room or suite no.)

Authorized signature

City or town, state, and ZIP code

Date

Details for Schedule A

Kenneth W and Xiao H Ross

381-48-9108 - 076-80-4493

	Date	Description		Amount
_	12/31/2008	Mileage For Cub Scout Pack 618	8 (1690)	853.45
-			Total	853.45

Details for Form 8283

Kenneth W and Xiao H Ross

381-48-9108 - 076-80-4493

Date	Description		Amount
06/21/2008	4 bags of childrens clothing		426.00
06/21/2008	2 bags of mens clothing		145.00
06/21/2008	3 bags of womens clothing		212.00
06/21/2008	sofa & love seat		300.00
06/21/2008	computer, printer and monitor		210.00
		Total	1,293.00