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A Check box if address changed

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year
27,458,895.

Name of organization (Check box if name changed and see instructions)
MOTHERS AGAINST DRUNK DRIVING

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions
511 E JOHN CARPENTER FRWY SUITE 700

City or town, state, and ZIP code
IRVING, TX 75062

F Group exemption number (See instructions for Block F on page 9.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

D Employer identification number
 (Employees' trust, see instructions for Block D on page 9)
94-2707273

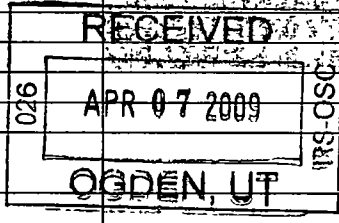
E Unrelated business activity codes
 (See instructions for Block E on page 9)
900004

H Describe the organization's primary unrelated business activity ▶ SPONSORSHIP REVENUE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ LISTA HIGHTOWER Telephone number ▶ 469-420-4505

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13		



Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 14 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	NONE
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	NONE
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	NONE

ENVELOPE POSTMARK DATE APR 03 2009
 SCANNED APR 09 2009

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Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments (A 2006 overpayment credited to 2007, 2007 estimated tax payments, Tax deposited with Form 8868, Foreign organizations Tax paid or withheld at source, Backup withholding, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions about foreign interest, distributions to foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold, and Do the rules of section 263A apply.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: C.A. [Signature] Date: 4/3/09 Title: CEO. Preparer's signature: Bruce E. Bernstein Date: 3/4/09. Preparer's SSN or PTIN: P00146088.

Firm's name (or yours if self-employed), address, and ZIP code: BRUCE E BERNSTIEN & ASSOC, PC, 10440 N CENTRAL EXPRESSWAY STE 1040, DALLAS, TX 75231. Phone no: 214-706-0840.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 20)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . ▶

Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
GLYNN R. BIRCH 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	PRESIDENT	NONE	NONE
LAURA DEAN MOONEY 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	SEC COMPENSATION CHAIR	NONE	NONE
CHARLES A. HURLEY 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	CEO	NONE	NONE
DEBBIE WEIR 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	COO	NONE	NONE
LISTA HIGHTOWER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	CFO	NONE	NONE
CATHEY B. WISE 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	CDO AND VP PROGRAMS	NONE	NONE
LESLIE P. MOORE 511 E JOHN CARPENTER FRWY	GENERAL COUNSEL	NONE	NONE

STATEMENT 1

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES
=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
700 IRVING, TX 75062			
HEIDI CASTLE 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	VP COMMUNICATIONS	NONE	NONE
NICHOLAS D. ELLINGER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	VP STRATEGIC OUTREACH/LEG AFFS	NONE	NONE
JOHN T. W. GRIFFEN 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	VP PUBLIC POLICY	NONE	NONE
VICKI KNOX 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	VP PROGRAMS	NONE	NONE
JIM FINKENKELLER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	CFO	NONE	NONE
BRIAN DEMERS 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES
=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
DEBORAH DUNCAN 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
PAUL D. FOLKEMER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	CHAIRPERSON		NONE
LELIA S. HADDLE 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
LEW HOLLINGER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
LEONARD R. JACOB 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	AUDIT CHAIR		NONE
CHRIS E. JOHNSON 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	FIELD RELATIONS CHAIR		NONE
DAVID LEVY 511 E JOHN CARPENTER FRWY	FINANCE VICE-CHAIR		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES
=====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
700 IRVING, TX 75062			
JEFFREY LEVY 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
L ANTHONY PACE 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	TREASURER AND FINANCE CHAIR		NONE
PAUL V. ROMERO 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
LINDA A. ROTHWELL 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	GRIEVANCE CHAIR		NONE
KATHRYN STEWART 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
ROBERT STRASSBURGER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
TRACI L. TOOMEY PHD 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	PROGRAMS STEERING CHAIR		NONE
NINA WALKER 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	MEMBER		NONE
THERESA PAULETTE WINN 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	EXEC COMMITTEE DIR AND REV CHR		NONE
JAN WITHERS 511 E JOHN CARPENTER FRWY 700 IRVING, TX 75062	VICTIM SERVICES VICE CHAIR		NONE
TOTAL COMPENSATION			----- NONE -----

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <u>MOTHERS AGAINST DRUNK DRIVING</u>	Employer identification number <u>94-2707273</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>511 E JOHN CARPENTER FWY STE 700</u>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <u>IRVING, TX 75062</u>	
	File by the due date for filing your return See instructions	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ LISTA HIGHTOWER

Telephone No ▶ 469 420-4556 FAX No. ▶ 469 420-4509

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2007, and ending 06/30, 2008.

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

3a 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.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. 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	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.