

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Header section A-M containing organization details, identification numbers, and tax-exempt status.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances, containing lines 1 through 22.

Part II Signature Block

Signature block section including a declaration statement and fields for officer signature, date, and preparer information.

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

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> | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | |
| 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> | | |
| 4 | <i>501(c)(3) organizations.</i> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 5 | <i>501(c)(4), 501(c)(5), and 501(c)(6) organizations.</i> 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> | | |
| 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> | | |
| 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> | | |
| 9 | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services, report an amount in Part X, line 21, or serve as a custodian for amounts not listed in Part X? <i>If "Yes," complete Schedule D, Part IV</i> | | |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | |
| 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> | | |
| 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> | | |
| 13 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | | |
| 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> | | |
| 15 | Did the organization report on Part IX, 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> | | |
| 16 | Did the organization report on Form 990, Part IX, 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> | | |
| 17 | Did the organization report more than \$15,000 on Part IX, line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | |
| 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> | | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | |
| 21 | Did the organization report more than \$5,000 on Part IX, line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | |
| 22 | Did the organization report more than \$5,000 on Part IX, line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | |
| 23 | Did the organization answer "Yes" to questions 3, 4, or 5 of Form 990, Part VII, Section A? <i>If "Yes," complete Schedule J</i> | | |
| 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, and that was issued after December 31, 2002? <i>If "Yes," answer 24b–24d and complete Schedule K. If "No," go to question 25.</i> | | |
| 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 | <i>501(c)(3) and 501(c)(4) organizations.</i> 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> | | |
| 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> | | |
| 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> | | |
| 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> | | |

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> | | |
| | 28a | | |
| 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> | | |
| | 28b | | |
| 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> | | |
| | 28c | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | |
| 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> | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets or undergo a substantial contraction? <i>If "Yes," complete Schedule N, Part II</i> | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | |
| 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> | | |
| 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> | | |
| 36 | <i>501(c)(3) organizations.</i> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 37 | Did the organization conduct more than 5 percent of its exempt activities through an entity that is not a related organization and that is taxed as a partnership? <i>If "Yes," complete Schedule R, Part VI</i> | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | | Yes | No |
|--|---|-----------|----|
| For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | 1a | |
| b | Enter the number of voting members that are independent | 1b | |
| 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? | 2 | |
| 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? | 3 | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | |
| 6 | Does the organization have members or stockholders? | 6 | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | the governing body? | 8a | |
| b | each committee with authority to act on behalf of the governing body? | 8b | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | |
| b | 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? | 9b | |
| 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 | 10 | |
| 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 | 11 | |

Section B. Policies

| | | Yes | No |
|------------|--|------------|----|
| 12a | Does the organization have a written conflict of interest policy? If "Yes": | 12a | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | |
| 13 | Does the organization have a written whistleblower policy? | 13 | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | |
| 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: | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | |
| b | Other officers or key employees of the organization? Describe the process in Schedule O. | 15b | |
| 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? | 16a | |
| b | 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? | 16b | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed.
- 18** IRC Section 6104 requires an organization to make its Form 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:

| Part VIII Statement of Revenue | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|--|---------------------------|---|-----------------------------------|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns 1a _____ | | | | |
| | b Membership dues 1b _____ | | | | |
| | c Fundraising events 1c _____ | | | | |
| | d Related organizations 1d _____ | | | | |
| | e Government grants (contributions) 1e _____ | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . 1f _____ | | | | |
| | g Noncash \$ _____ | | | | |
| | h Total (lines 1a-1f). ▶ | | | | |
| Program Service Revenue | Business Code | | | | |
| | 2a | | | | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f | | | | |
| g Total ▶ \$ | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) ▶ | | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | 5 Royalties ▶ | | | | |
| | | (i) Real (ii) Personal | | | |
| | 6a Gross Rents | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | |
| | | (i) Securities (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). Attach Schedule G if total exceeds \$15,000 a | | | | |
| | b Less: direct expenses. b | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | |
| 9a Gross income from gaming activities. Complete Schedule G if total exceeds \$15,000 a | | | | | |
| b Less: direct expenses. b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | |
| b Less: cost of goods sold b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11a | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total ▶ \$ | | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | | | | |

Part IX Statement of Functional Expenses

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any Federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 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 | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | | | | |
| 26 Joint Costs. Check <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 | | | | |

Draft as of
December 19, 2007
DO NOT FILE

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|---|--|--------------------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 |
| | 2 Savings and temporary cash investments | | 2 |
| | 3 Pledges and grants receivable, net | | 3 |
| | 4 Accounts receivable, net | | 4 |
| | 5 Receivables from current and former officers, directors, trustees, key employees or other related parties. <i>Complete Part II of Schedule L</i> | | 5 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete Part II of Schedule L</i> | | 6 |
| | 7 Notes and loans receivable, net | | 7 |
| | 8 Inventories for sale or use | | 8 |
| | 9 Prepaid expenses and deferred charges | | 9 |
| | 10a Land, buildings, and equipment: cost basis 10a | | |
| | b Less: accumulated depreciation. <i>Complete Part VI of Schedule D</i> 10b | | 10c |
| | 11 Investments—publicly traded securities | | 11 |
| | 12 Investments—other securities. <i>Complete Part VII of Schedule D</i> | | 12 |
| | 13 Investments—program-related. <i>Complete Part VIII of Schedule D</i> | | 13 |
| | 14 Intangible assets | | 14 |
| | 15 Other assets. <i>Complete Part IX of Schedule D</i> | | 15 |
| 16 Total assets. <i>Add Columns A and B, lines 1 through 15 (must equal line 34).</i> | | 16 | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 |
| | 18 Grants payable | | 18 |
| | 19 Deferred revenue | | 19 |
| | 20 Tax-exempt bond liabilities | | 20 |
| | 21 Escrow account liability. <i>Complete Part IV of Schedule D</i> | | 21 |
| | 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. <i>Complete Part II of Schedule L</i> | | 22 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 Unsecured notes and loans payable | | 24 |
| | 25 Other liabilities. <i>Complete Part X of Schedule D</i> | | 25 |
| | 26 Total liabilities. <i>Add lines 17 through 25</i> | | 26 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | | 27 |
| | 28 Temporarily restricted net assets | | 28 |
| | 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 | | 33 |
| | 34 Total liabilities and net assets/fund balances | | 34 |

Part XI Financial Statements and Reporting

| | Yes | No |
|--|-----------|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> cash <input type="checkbox"/> accrual <input type="checkbox"/> other | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | |
| c If "Yes" to 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? | 2c | |
| 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? | 3a | |
| b If "Yes," did the organization undergo the required audit or audits? | 3b | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations.

See Instructions.

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

- 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
2 A school. Section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital. 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. Section 170(b)(1)(A)(iv). (Complete the Support Schedule in Part II.)
6 A federal, state, or local government or governmental unit. 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. Section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.)
8 A community trust. Section 170(b)(1)(A)(vii). (Complete the Support Schedule in 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. Section 509(a)(2). (Complete the Support Schedule in Part III.)
10 An organization organized and operated exclusively to test for public safety. 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). 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?

- (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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the organizations the organization supports.

Table with columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in (i) listed in your governing document?, (v) Did you notify the organization in (i) of your support?, (vi) Is the organization in (i) organized in the U.S., (vii) Amount of support. Includes a Total row.

Part II Support Schedule for Organizations Described in IRC 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.)

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 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 | | | | | | |
| 5 Amounts included on line 1 from each person (other than a governmental unit or publicly supported organization) whose total payments for the years in columns (a) through (e) exceeded 2% of the amount shown on line 11 column (f) | | | | | | |
| 6 Public Support (line 4 minus line 5) | | | | | | |

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 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. (Attach a schedule per Instructions.) Do not include gain or loss from the sale of capital assets. | | | | | | |
| 11 Total Support (Add lines 7 through 11) | | | | | | |
| 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 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | % |
| 15 Public Support Percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33 1/3 % 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 type="checkbox"/> | | |
| b 33 1/3 % 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 . Describe 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 . Describe 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 IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of line 13 for the year or \$5,000 | | | | | | |
| 7c Total of lines 7a and 7b | | | | | | |
| 8 Public Support (line 6 minus line 7c) | | | | | | |

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 | | | | | | |
| 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 6/30/75 | | | | | | |
| 10c Total of 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. (Attach a schedule per instructions.) Do not include gain or loss from the sale of capital assets | | | | | | |
| 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 501(c)(3) organization, check this box and **stop here**

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 | % |

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 % 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 % 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

Part IV Supplemental Information

Complete this part to provide the information required by Part II, line 17a or 17b

Area with horizontal dotted lines for supplemental information.

Draft as of
December 19, 2007
DO NOT FILE

Political Campaign and Lobbying Activities

2008

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations described below.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations: complete Part III.

Name of organization

Employer identification number

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See Schedule C Instructions for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See Schedule C Instructions for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See Schedule C Instructions for details.)

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's own internal funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's own internal funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|---|---|
| | | | | |
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| | | | | |

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See Schedule C Instructions for details.)

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|--|---|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines a and b). | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines c and d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns— | | |
| If the amount on line e is— | The lobbying nontaxable amount is— | |
| Not over \$500,000 | 20% of the amount on line e | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| Over \$17,000,000 | \$1,000,000 | |
| g Grassroots nontaxable amount (enter 25% of line f) | | |
| h Subtract line g from line a. Enter -0- if line g is more than line a | | |
| i Subtract line f from line c. Enter -0- if line f is more than line c | | |
| j If there is an amount other than zero on either line h or line i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines a through f on page xx of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See Schedule C Instructions for details.)

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers | | | |
| b Paid staff or management (include compensation in expenses reported on lines c through i) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Other activities. If "Yes," describe in Part IV | | | |
| j Total lines c through i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See Schedule C Instructions for details.)

| | Yes | No |
|---|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | |

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See Schedule C Instructions for details.)

| | |
|---|--|
| 1 Dues, assessments and similar amounts from members | |
| 2 Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>). | |
| a Current year | |
| b Carryover from last year | |
| c Total | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

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Part IV Supplemental Information (Continued)

Draft as of
December 19, 2007
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Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

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)

Table with 3 columns: Question number, (a) Donor Advised Funds, (b) Funds and Other Accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding 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)

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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 why in Part XIV and complete the following table:
- | | \$ Amount |
|--|-----------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 balances 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 | | |
| (ii) related organizations | | |
- 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 | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Column (e) TOTAL (should equal Form 990, Part X, line 10) ▶ | | | | |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | |
|---|---|
| 1 | Total revenue (Form 990, Part VIII, line 12, column (A)) |
| 2 | Total expenses (Form 990, Part IX, line 25, column (A)) |
| 3 | Excess or (deficit) for the year (Form 990, Part VIII) (line 1 minus line 2) |
| 4 | Net unrealized gains (losses) on investments |
| 5 | Donated services and use of facilities |
| 6 | Investment expenses |
| 7 | Prior period adjustments |
| 8 | Other (Describe in Part XIV) |
| 9 | Total adjustments (net) (add lines 4-8) |
| 10 | Excess or (deficit) for the year per financial statements (line 3 plus or minus line 9) |

| 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 |
| 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 |
| 3 | Subtract line 2e from line 1 | 3 |
| 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 |
| 5 | Total Revenue (Part I, line 12). Add lines 3 and 4c | 5 |

| Part XIII Reconciliation of Expenses Per Audited Financial Statements with Expenses per Return | | |
|---|--|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 |
| 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 |
| 3 | Subtract line 2e from line 1 | 3 |
| 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 |
| 5 | Total Expenses (Form 990, Part I, line 18). Add lines 3 and 4c | 5 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, line 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.

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Part XIV Supplemental Information *(Continued)*

Draft as of
December 19, 2007
DO NOT FILE

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► To be completed by organizations that answer "Yes" to
Form 990, Part IV, line 20.

Name of the organization

Employer identification number

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

| | Yes | No |
|--|-----|----|
| 1a Does the organization have a charity care policy? If "No," skip to question 6a | | |
| b If "Yes," is it a written policy? | | |
| 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> applied uniformly to all hospitals <input type="checkbox"/> applied uniformly to most hospitals <input type="checkbox"/> generally tailored to individual hospitals | | |
| 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. | | |
| a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | |
| b Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. | | |
| 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | | |
| 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? | | |
| b If "Yes," did the organization's charity care expenses exceed the budgeted amount? | | |
| c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | |
| 6a Does the organization prepare an annual community benefit report? | | |
| b If "Yes," does the organization make it available to the public? | | |

7 Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Charity care at cost (from worksheets 1 and 2) | | | | | | |
| b Unreimbursed Medicaid (from worksheet 3, column a) | | | | | | |
| c Unreimbursed costs - other means-tested government programs (from worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Programs | | | | | | |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from worksheet 4) | | | | | | |
| f Health professions education (from worksheet 5) | | | | | | |
| g Subsidized health services (from worksheet 6) | | | | | | |
| h Research (from worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from worksheet 8) | | | | | | |
| j Total Other Benefits | | | | | | |
| k Total (line 7d and 7j) | | | | | | |

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

| | Yes | No |
|---|-----|----|
| 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | | |
| 2 Enter the amount of the organization's bad debt expense (at cost) | | |
| 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy. | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3 or rationale for including other bad debt amounts in community benefit. | | |

Section B—Medicare

| | | | |
|--|---|--|--|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | | |
| 7 Enter: line 5 less line 6—surplus or (shortfall) | 7 | | |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> cost accounting system <input type="checkbox"/> cost to charge ratio <input type="checkbox"/> Other | | | |

Section C—Collection Practices

| | | | |
|---|----|--|--|
| 9a Does the organization have a written debt collection policy? | 9a | | |
| b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? | 9b | | |

Part IV Management Companies and Joint Ventures (Optional for 2008)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c, Part III, line 4, Part III, line 8, and Part III, line 9b.
- 2 Describe how the organization assesses the health care needs of the communities it serves—"Needs Assessment."
- 3 Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state or local government programs or under the organization's charity care policy. "Patient Education of Eligibility for Assistance."
- 4 Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves. "Community Information."
- 5 Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves. "Community Building Activities."
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

2008

**To be completed by organizations that answered "Yes" to
Form 990, Part IV, line 23.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|--|--|--|--|--|--|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> first-class or charter travel</td> <td><input type="checkbox"/> housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> travel for companions</td> <td><input type="checkbox"/> payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> tax indemnification and gross-up payments</td> <td><input type="checkbox"/> health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> discretionary spending account</td> <td><input type="checkbox"/> personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> first-class or charter travel | <input type="checkbox"/> housing allowance or residence for personal use | <input type="checkbox"/> travel for companions | <input type="checkbox"/> payments for business use of personal residence | <input type="checkbox"/> tax indemnification and gross-up payments | <input type="checkbox"/> health or social club dues or initiation fees | <input type="checkbox"/> discretionary spending account | <input type="checkbox"/> personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> first-class or charter travel | <input type="checkbox"/> housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> travel for companions | <input type="checkbox"/> payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> tax indemnification and gross-up payments | <input type="checkbox"/> health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> discretionary spending account | <input type="checkbox"/> personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? <i>If "No," complete Part III to explain</i></p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> compensation committee</td> <td><input type="checkbox"/> written employment contract</td> </tr> <tr> <td><input type="checkbox"/> independent compensation consultant</td> <td><input type="checkbox"/> compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> compensation committee | <input type="checkbox"/> written employment contract | <input type="checkbox"/> independent compensation consultant | <input type="checkbox"/> compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> approval by the board or compensation committee | | | | |
| <input type="checkbox"/> compensation committee | <input type="checkbox"/> written employment contract | | | | | | | | | |
| <input type="checkbox"/> independent compensation consultant | <input type="checkbox"/> compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p> <p>a receive a severance payment or change of control payment?</p> <p>b participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c participate in, or receive payment from, an equity-based compensation arrangement?</p> <p><i>If "Yes" to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.</i></p> <p><i>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</i></p> | 4a | | | | | | | | | |
| | 4b | | | | | | | | | |
| | 4c | | | | | | | | | |
| <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a the organization?</p> <p>b any related organization?</p> <p><i>If "Yes," describe in Part III.</i></p> | 5a | | | | | | | | | |
| | 5b | | | | | | | | | |
| <p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a the organization?</p> <p>b any related organization?</p> <p><i>If "Yes," describe in Part III.</i></p> | 6a | | | | | | | | | |
| | 6b | | | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? <i>If "Yes," describe in Part III</i></p> | 7 | | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? <i>If "Yes," describe in Part III</i></p> | 8 | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 50053T

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or (E) amounts on Form 990, Part VII, line 1 a.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation (\$) | (D) Nontaxable benefits (\$) | (E) Total of columns (B)(i)-(D) (\$) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------|--|--|-------------------------------|--------------------------------|------------------------------|--------------------------------------|--|
| | (i) Base compensation (\$) | (ii) Bonus & incentive compensation (\$) | (iii) Other compensation (\$) | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
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| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

Part I Bond Issues (Required for 2008)

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---|-----------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | | Yes | No | Yes | No |
| A | | | | | | | | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| D | | | | | | | | | | |
| E | | | | | | | | | | |

Part II Proceeds (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total Proceeds of Issue | | | | | | | | | | |
| 2 Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 Other Unspent Proceeds | | | | | | | | | | |
| 5 Insurance Costs from Proceeds | | | | | | | | | | |
| 6 Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 Year of Substantial Completion | | | | | | | | | | |

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| 9 Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

| | A | | B | | C | | D | | E | |
|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | | | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | | | | | | | | | |

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

Cat. No. 50193E

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV Arbitrage (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T been filed with respect to the bond issue? | | | | | | | | | | |
| 2 Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |



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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

Employer identification number

Part I Excess Benefit Transactions (501(c)(3) and (c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and from Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38b.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount \$ | (d) Balance due \$ | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|----------------------------------|--------------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total ▶ | | | | \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, b, or c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction \$ | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|------------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**SCHEDULE M
(Form 990)**

Non-Cash Contributions

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

Name of the organization

Employer identification number

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (describe) | | | | |
| 26 Other (describe) | | | | |
| 27 Other (describe) | | | | |
| 28 Other (describe) | | | | |

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed *Part IV, Donee Acknowledgement* 29

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II. | | |

Part II **Supplemental Information.** (Use this part to provide information required for Part I, lines 30b, 32b, and 33.)

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Supplemental Information to Form 990

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

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Name of the organization

Employer identification number

:

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Part V Transactions with Related Organizations

Complete line 1 if any entity is listed in Parts II, III or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization
- c** Gift, grant, or capital contribution from other organization
- d** Loans or loan guarantees to or for other organization
- e** Loans or loan guarantees by other organization
- f** Sale of assets to other organization
- g** Purchase of assets from other organization
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization
- j** Lease of facilities, equipment, or other assets from other organization
- k** Performance of services or membership or fundraising solicitations for other organization
- l** Performance of services or membership or fundraising solicitations by other organization
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization
- r** Other transfer of cash or property from other organization

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 1e | | |
| 1f | | |
| 1g | | |
| 1h | | |
| 1i | | |
| 1j | | |
| 1k | | |
| 1l | | |
| 1m | | |
| 1n | | |
| 1o | | |
| 1p | | |
| 1q | | |
| 1r | | |

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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (A) Name of other organization | (B) Transaction type (a-r) | (C) Amount involved (\$) |
|-----|-----------------------------------|-------------------------------|-----------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| 4 | | | |
| (6) | | | |

