Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545 0047

_	Fort	the 2008 calence	dar year, o	or tax year begi	inning		, 200	08, and endin	ıg	_	,		
В	Check	of applicable								D Emplo	yer Identifica	ition Number	,
		Address change	RS label	Discover	Madison	Inc.				03-	057390	16	
	\square	Name change	or print or type.	301 Madis	son Stree	t, PO Box	x 97			E Teleph	one number		
	\vdash	nitial return	See specific	Madison,	TN 37115					615	-865-5	400	
	\vdash	ermination	Instruc-							├			
	-		tions.									7	7 600
	\vdash	Amended return	F) # NT.	- + b V	 	· · · · · · · · · · · · · · · · · · ·	116-2 1- 45	G Gross			7,689.
	L^	Application pending		and address of princ		athan Mas	ssey		1	a group retu Laffiliates inc		_ ⊨ ∃'	es X No
_				As C Above						' attach a list		ctions)	es No
<u>L</u>	Ta	x-exempt statu			(insert no.)		(a)(1) or	527					
J	We	ebsite: ► ww		isonriverg	gatechambe	er.com/di	scover	madis		exemption n	umber 🏲		
<u>K</u>	Тур	e of organization	X Corpora	ation Trust	Association	Other ►		L Year of Format	tion 200	6 M :	State of legal	domicile .	<u>rn</u>
P	artili	製 Summa	ary										
	1	Briefly descri	be the org	ganization's mis	ssion or most :	significant act	ivities]	Discover	Madis	son, In	c. is	dedica	ated
•				the histo									
Activities & Governance				he statio									
Ĕ				out_the_b									e
ŏ	2			if the organizat									
5	3			nbers of the gov							3		10
g	4	Number of inc	dependen	nt voting membe	ers of the gove	rning body (F	Part VI, lın	e 1b)			4		10
ij	5	Total number	of emplo	yees (Part V, li	ine 2a)						5		(
∌	6	Total number	of volunt	eers (estimate	if necessary)						6		(
⋖	7 a	ı Total gross uı	nrelated b	eers (estimate ousiness revent s taxable incom	ue from Pa <mark>rt V</mark>	III. Hing-12-56	HIP (C)				7a		0.
	b	Net unrelated	business	taxable incom	e from Form 9	90-17) (ind.34.	IVEL	<u> </u>			7b		0.
					စ္က	1		ျပ္ကု	F	rior Year		Current	Year
40	8	Contributions	and gran	its (Part VIII, lin	ne 1h)	0CT 2	Q 2000	RS-OSC		109,4	100.	7	7,400.
ž	9			ue (Part VIII, III	1	0012	0 2003	3					
Revenue	10			art VIII, column		-and-Zd)		니뜨!		4	130.		289.
ď	11			III, column (A),			(Nite)	r					
	12			nes 8 through 1				ine 12)		109,8	330.	7	7,689.
	13			ounts paid (Par				···		•			
	14			members (Part		-							
	15			nsation, employ			n (A) line	s 5-10)		29,4	182		
9	16-		•				, , , , , , , , , , , , , , , , , , ,	3 3 10)		25,			
Expenses	loa			ig fees (Part IX		·			378108U	CHICATOR STATE	Carlein Care	Termanensien	DESCRIPTION OF
껿	· b			nses (Part IX, c					可能影響時		新加州 小松	特别那种	No. OV. V
	17	Other expens	es (Part I	X, column (A),	lines 11a-11d	, 11f-24f)					355.		6,829.
	18	Total expense	es. Add Iir	nes 13-17 (mus	t equal Part ו	(, column (A),	line 25)			35,3	337.		6,829.
	19	Revenue less	expense	s. Subtract line	18 from line 1	2				74,4	93.	7	0,860.
b §			·						Begi	nnina of Y	ear	End of	Year
Net Assets Fund Belenc	20	Total assets (Part X III	ne 16)						88,8			8,534.
A	21	Total liabilities		•						00,0	0.		1,600.
žŠ	20		-	•	. (00				00 0		47	
-	22 art II		ure Blo	ances Subtract	line 21 from 1	ne 20				88,8	19.	4/	6,934.
1.04	alithii		***										
		Under penalties true, correct, a	s of perjury, Ind complete	I declare that I have Declaration of prep	e examined this rei parer (other than g	urn, including acc ∮ficer) is based or	companying s n all informati	chedules and sta on of which prep	atements, ar parer has any	nd to the best y knowledge	of my know	ledge and be	lief, it is
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	gn	W.C	Her !	Valor	1/6/	(18	Siden	T		$\alpha \cdot C$	* 200	۲	
п	ere	Signature		11,	0. / 1	[]	//	_L_0	Da				
			n Mass		liam N	Allan	Masso	e~3K.	<u>Pres</u>	ident			
		Type or pr	int name an	d title				1 /					
			, 1) ^				Date		heck if	Prepar (see in	er's identifyii istructions)	ng number
Pa		Preparer's	V	(1	4 0	2 101		, / ,		elf mployed ►	\square	,	
Pr	_	signature		ouer I	lephens), CM		10/21/	09		P00	293352	
•	rer's	Firm's name (o	Part	ker, Parke	er & Asso	ciates		- / /			1		
Us		yours if self		0 NorthCha			n		 - _	in ► 6	2-1240	1315	
Û	ıly	employed), address, and		dlettsvill			<u>. </u>						200
M-	v tha	IPS discuss the					otion=1		<u>IP</u>	hone no	(613)	859-8	
_	_			with the prepare		<u> </u>							No No
ВA	A FOI	r rrivacy Act al	na rapen	work Reduction	1 ACT NOTICE, S	ee τne separa	te instruct	uons.		TEEA0112L	12/22/08	Form !	990 (2008)

	n 990 (2008) Discover Madison Inc.	03-03	5/390	ь		Page 2
Pai	Statement of Program Service Accomplishments (see instructions)					
1	Briefly describe the organization's mission:					
•	See Schedule O					
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or				
	Form 990 or 990-EZ? .		L	Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		\Box	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.		ш		لتتا	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	noncoc	Section	501/	·) (2)	
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations.	ations to	others	the to	otal	
	expenses, and revenue, if any, for each program service reported					
	6.000					
42	a (Code:) (Expenses \$6,829. including grants of \$) (Rev		\$)
	Discover Madison, Inc. is dedicated to relocating the historical A					
	to Madison and preserving the condition of the station. These expe	nses	are	rela	ated	to
	the Amgui Station.					
				. — — -		
				. 		
		-				
4 t	o (Code:) (Expenses \$) (Rev	enue	\$)
						·
40	: (Code:) (Expenses \$ including grants of \$) (Rev	enue	\$			١
. •						
						-
		- - -				
4d	Other program services. (Describe in Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► \$ 6,829. (Must equal Part IX, Line 25, column (B).)					

Form 990 (2008) Discover Madison Inc.

Rantiv Checklist of Required Schedules

	1		Vac	Na
`		<u> </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Х	
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete' Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	Х	
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? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
I	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 ? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5° If 'Yes,' complete Schedule J	23		X
24 a	a 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? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
2 5 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u> </u>
ı	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
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? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
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? If 'Yes,' complete Schedule L, Part III	27		X
		_		

Partily Checklist of Required Schedules (continued)

,	1		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
á	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)? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990 ((2008)

12a

₽a	irt V Statements Regarding Other IRS Filings and Tax Compliance				
	1			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a0		,	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	s and reportable gaming	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
2	b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)		200	Co - A.A
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	r covered by	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country. ▶			3.70	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	oreign Bank and			6-1 61
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year? .	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		Х
	c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Prohibited Tax Shelter Transaction?	t Entity Regarding	5c		
6	a Did the organization solicit any contributions that were not tax deductible?		6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such co deductible?	ntributions or gifts were not	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization provide goods or services in exchange for any quid pro quo contribution	of more than \$75?	7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file			
	Form 8282?	l - .l	7c	海河	X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			7 1
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	7e	4000000	X
	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		X
	h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a F	·	7h	-MATTER NE	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponsor excess business holdings at any time during the year?	section 509(a)(3) ring organization, have	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				10
	a Did the organization make any taxable distributions under section 4966?		9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter				
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.			*11	
	a Gross income from other members or shareholders.	11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA Form 990 (2008)

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Se	ction A.	Governing Body	y and Manageme	ent					
		'Yes' response to line s, or changes in Sche			to lines 8 or 9b below, d	lescribe the circumstance	s,	Yes	No
1	•	number of voting me				1 a	10		
		number of voting me	•	• •		1b	10	16	
	Did any i	•	e, or key employee h		tionship or a business reli O	ationship with any other	2	X	
3	Did the d	rganization delegate o	control over manager	ment duties custo	marily performed by or ur t company or other person	nder the direct supervisio			Х
4		rganization make any		-	, ,	111	4	1	X
_		prior Form 990 was fi	-	// g //					
5	Did the c	rganization become a	ware during the year	of a material dive	ersion of the organization	's assets?	5		Х
6	Does the	organization have me	embers or stockholde	ers?			6		Х
7	a Does the governin	organization have me	embers, stockholders	s, or other persons	s who may elect one or m	nore members of the	7		X
1	b Are any	lecisions of the gover	ning body subject to	approval by mem	bers, stockholders, or oth	ner persons?	71)	Х
8	Did the o	rganization contempoi ring	raneously document	the meetings held	d or written actions under	taken during the year by	€ 		嬮
	a The gove	rning body?					8	X	
		mittee with authority		• • •	1 ⁷ ,		81	+	<u>X</u>
9:	a Does the	organization have loc	al chapters, branche	es, or affiliates?			9:	1	X
	and bran	ches to ensure their o	perations are consist	tent with those of	<u>-</u>		91	,	
10	Was a co describe	py of the Form 990 pr in Schedule O the pro	ovided to the organizecess, if any, the organize	zation's governing anization uses to	i body before it was filed? review the Form 990 S	P All organizations must see Schedule 0	10	х	
11	Is there a	ny officer, director or ion's mailing address?	trustee, or key employed	oyee listed in Par	t VII, Section A, who can	not be reached at the	11		Х
Sec		Policies	: Il les, plovide the	e names and addi	esses in Schedule O				_ A
	-			-				Yes	No
12	a Does the	organization have a w	vritten conflict of inte	rest policy? If 'No	,' go to line 13		12:	X	
ı	Are office to conflic		es, and key employe	es required to dis	close annually interests t	hat could give rise	121		х
•	Does the	organization regularly O how this is done	and consistently mo See Schedu	onitor and enforce	compliance with the police	cy? If 'Yes,' describe in	120	: X	
13	Does the	organization have a w	vritten whistleblower	policy?			13		Х
14	Does the	organization have a w	vritten document rete	ention and destruc	tion policy?		14		X
15	Did the p persons,	ocess for determining comparability data, ar	g compensation of the nd contemporaneous	e following persor substantiation of	ns include a review and a the deliberation and deci	pproval by independent sion.			
	-	nization's CEO, Execu	· · · · · · · · · · · · · · · · · · ·	-	cial?		15		X
1		cers of key employees	•				151) Imaged (40)	X
	Describe	the process in Schedi	ule O. (see instruction	ns)					
16		ganization invest in, oing the year?	contribute assets to,	or participate in a	joint venture or similar a	rrangement with a taxabl	e 16a		X
J	olf 'Yes,' h in joint ve status wit	as the organization ad nture arrangements u h respect to such arra	dopted a written polici inder applicable fede	cy or procedure re ral tax law, and ta	equiring the organization taken steps to safeguard t	to evaluate its participation he organization's exempt	n 161		
Sec		Disclosures	ingements.			·	101	1	
		ates with which a cop	y of this Form 990 is	required to be file	ed ► TN				
18	Section 6	104 requires an organ i. Indicate how you m	iization to make its F ake these available	orms 1023 (or 102 Check all that app	24 if applicable), 990, and oly.	1 990-⊤ (501(c)(3)s only) :	avaılable	for pul	blic
	Own	website	Another's website	X Upor	n request				
19	Describe statemen	in Schedule O whethers available to the pub	er (and if so, how) the	e organization ma	kes its governing docume	ents, conflict of interest p	olicy, an	d finan	cıal
			•	•	on who possesses the bo Madison TN 3711			on.	
						= -/2=2, - 7, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,			
BAA	l .						rorr	n 990 ((ZUUZ)

Form 990 (2008) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII

Employees, and Independent Contractors Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.												
(A)	(B)			(4	(D)	(E)	(F)					
Name and Title	Average hours	S						Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related		
		or trus	nal tı		loye	eomp				organizations		
	Į.	st ee	uste		["	ensa						
						e e						
Nathan Massey									0	0		
President	0			_				0.	0.	0.		
Carson Beck	1							0	_	0		
Vice President	0						<u>_</u>	0.	0.	0.		
Sandi Richardson	0								0.	0		
Secretary Ray Tate								0.	0.	0.		
Treasurer	0							0.	0.	0.		
Larry Odom	-			-				0.	0.	<u> </u>		
Board Member	0							0.	0.	0.		
David Curry	•				<u> </u>			0.	- 0.			
Board Member	0							0.	0.	0.		
Jim Forkum				-								
Board Member	0							0.	0.	0.		
Myers Brown												
Board Member	0							0.	0.	0.		
Phyllis Williams												
Board Member	0							0.	0.	0.		
Sylvia Spencer												
Board Member	0		Ì					0.	0.	0.		
Debbie Pace												
Ex-Officio	_ 0	-						0.	0.	_ 0.		
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<u>Rartwill</u> Section A. Officers, Directors, Trus (A)	(B)	ney 	<u> </u>		c)	562	, ai	(D)	(E)	(F)
Name and Title	Average	Posi	tion (that a	apply)	1	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	compensation fro related organization (W 2/1099 MISC	om amount of other compensation
									-	
									-	
	!									
1 b Total							>	0.		0. 0.
2 Total number of individuals (including those in 1a) whorganization ► 0								<u></u>		Yes No
 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual 	dıvıdual ortable ı	comi	oen:	satio	n a	nd d	other	r compensation fro	om	3 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J t	tion for s	fror uch	n an per:	ıy uı son	nrela	ated	organization for s	ervices	5 X
Section B. Independent Contractors										· · · · · · · · · · · · · · · · · · ·
1 Complete this table for your five highest compensate compensation from the organization.	d indepe	ende	ent c	ontr	acto	ors t	that	received more tha	n \$100,000 of	
(A) Name and business address	3			- .				Description o	f Services	(C) Compensation
				_						
2. Total number of independent contractors (includes the	2000 := '	1)1						#100.000		
2 Total number of independent contractors (including the compensation from the organization ► 0	iose in	ı) Wİ	io r	ecei	ved	mo	re th	1an \$100,000 in	Į.	

	IT AV	IIII Statement of R	evenue	vaj		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> 1</u>	1 a	Federated campaigns		1a					
E A	l t	Membership dues		1ь				gran " and a se	
S, G	•	Fundraising events		1 c					
들	C	Related organizations		1 d			bi		
SIS,	e	Government grants (contributi	ions)	1e	75,000.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, similar amounts not included	grants, and above	1f	2,400.				
N S	g	Noncash contribns included in	n Ins 1a-1f:	\$_					
	h	Total. Add lines 1a-1f			>	77,400.			
PROGRAM SERVICE REVENUE				L	Business Code		Print and an area		
EVE									ļ
Ä	b					•		_	
Ž	C								
A SE	d					 			
Ϋ́	e 6	All other program corus		<u></u> -		-	 		
ĕ	I	All other program service	e revenu	e		-			
		Total. Add lines 2a-2f					以於保護制於過程為以後於其次的政	神學/治療/// 沙山 分/	1 不可以
	3	Investment income (included other similar amounts)	luding div	idends,	, interest and	289.	289.		
	4	Income from investmen	t of tax-ex	empt t	bond proceeds			-	
	5	Royalties			>				
		,	(i) R	eal	(II) Personal		W. 47 - 74 - 74 - 74 - 74 - 74 - 74 - 74		B To Make I'm
	6a	Gross Rents							
	b	Less. rental expenses				A CARTON			
	С	Rental income or (loss)						1.50	
	d	Net rental income or (lo	ss)		•	•			
	7a	Gross amount from sales of	(i) Secu	irities	(ii) Other	12 (87)			
		assets other than inventory	_						
	b	Less cost or other basis							
		and sales expenses							
		Gain or (loss)			<u> </u>	August 1990			
	d	Net gain or (loss)			>	E. 70.20 A. W. MARTIN PROTEST HARACTER HARACTER HARACTER	This one strains with a standard with the second	ANTERNAL DESCRIPTION OF THE PROPERTY.	LINE W. TO A MARKET WE SEE AND ADDRESS OF
NUE	8a	Gross income from fund (not including \$	iraising ev	vents	li .				
ĒÆ		of contributions reported	d on line 1	c).			Tank and the same		74-TAB:73-1
OTHER REVEN		See Part IV, line 18		а	·		THE STATE OF THE S		
H		Less. direct expenses		b					
_	С	Net income or (loss) from	m fundra	sing ev	rents •	P TO NEW PROPERTY AND THE PARTY AND THE PART	AR GARAGON PARIOTO SINURA, MARIO	offentions, b "Note and project	All to the Performance
	9a	Gross income from gam See Part IV, line 19	ing activit	ies.				ME SHEET WATER	
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		Less. direct expenses Net income or (loss) from		D .	100				
					162	A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR OF THE PROPERTY OF	Tringpoorage in the state of th	The second secon
	10a	Gross sales of inventory and allowances	, less retu	ırns a			E SPANOR NO	AND EVENT	
	b	Less. cost of goods sold	1	b		44.4			
		Net income or (loss) from		f invent	torv ►			The state of the s	
		Miscellaneous Revenu		Г	Business Code	THE PERSON OF TH			
	11a						The second secon		
	b			-					
	c	_ 							
	d	All other revenue							
	е	Total. Add lines 11a-11d					40000000000000000000000000000000000000	建筑	
ĺ	12	Total Revenue. Add lines	s 1h, 2g, 3	3, 4, 5,	6d, 7d, 8c, 9c,				
		10c, and 11e				77,689.	289.	0.	L 0.

Part IX Statement of Functional Expenses

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

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

ts and other assistance to governments organizations in the U.S. See Part IV, 21 ts and other assistance to individuals in U.S. See Part IV, line 22 ts and other assistance to governments, nizations, and individuals outside the See Part IV, lines 15 and 16 offits paid to or for members pensation of current officers, directors, ess, and key employees pensation not included above, to palified persons (as defined under on 4958(f)(1) and persons described in on 4958(c)(3)(B) or salaries and wages alon plan contributions (include section 403(b) employer ibutions) or employee benefits cell taxes for services (non-employees) agement funding ying fundraising svcs. See Part IV, In 17	0.	0.	0.	
ts and other assistance to governments, nizations, and individuals outside the See Part IV, lines 15 and 16 effits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to halified persons (as defined under on 4958(f)(1) and persons described in on 4958(c)(3)(B) ar salaries and wages alon plan contributions (include section k) and section 403(b) employer ibutions) ar employee benefits oll taxes for services (non-employees) agement aunting ying fundraising svcs. See Part IV, In 17				
nizations, and individuals outside the See Part IV, lines 15 and 16 and				
pensation of current officers, directors, ees, and key employees pensation not included above, to palified persons (as defined under on 4958(f)(1) and persons described in on 4958(c)(3)(B) ar salaries and wages plan plan contributions (include section of and section 403(b) employer plantions) are remployee benefits cell taxes for services (non-employees) agement builting ying fundraising svcs. See Part IV, In 17				
pees, and key employees pensation not included above, to palified persons (as defined under on 4958(f)(1) and persons described in on 4958(c)(3)(B) or salaries and wages plon plan contributions (include section of) and section 403(b) employer publications) or employee benefits coll taxes for services (non-employees) regement l unting ying fundraising svcs. See Part IV, In 17				
ialified persons (as defined under on 4958(f)(1) and persons described in on 4958(c)(3)(B) in salaries and wages alon plan contributions (include section (c)) and section 403(b) employer abutions) in employee benefits coll taxes for services (non-employees) agement a unting tundraising svcs. See Part IV, In 17	0.	0.	0.	C
ion plan contributions (include section x) and section 403(b) employer ibutions) r employee benefits. for services (non-employees) agement unting ying fundraising svcs. See Part IV, In 17				
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for services (non-employees) agement unting ying fundraising svcs. See Part IV, In 17				
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Itment management fees	-	7. THE COLOR OF TH	(14/10) 18. March 4 - 7 100 (000) B 22-48.	
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rtising and promotion				
e expenses .	295.	295.		
nation technology	233.	233.		-
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el				
ents of travel or entertainment nses for any federal, state, or local c officials				
erences, conventions, and meetings				
est				
nents to affiliates				
eciation, depletion, and amortization				
ance.	428.	428.		
r expenses. Itemize expenses not ed above. (Expenses grouped together abeled miscellaneous may not exceed f total expenses shown on line 25				
•	1.784	1.784	er seemen uit act trans trans to " (1) (1) (24/15) (204) (20/28)	TO THE PROPERTY OF THE PROPERTY OF
				
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e a f v	ciation, depletion, and amortization ince. expenses. Itemize expenses not ed above. (Expenses grouped together ibeled miscellaneous may not exceed total expenses shown on line 25.) ipment_rental pection_Expense unds_Development lities keting_and_Promotion her expenses unctional expenses. Add lines 1 through 24f Costs. Check here if following	ciation, depletion, and amortization ince. expenses. Itemize expenses not ed above. (Expenses grouped together ibeled miscellaneous may not exceed total expenses shown on line 25) ipment_rental	ciation, depletion, and amortization ince. expenses. Itemize expenses not ed above. (Expenses grouped together ibeled miscellaneous may not exceed total expenses shown on line 25) ipment_rental	ciation, depletion, and amortization ince. expenses. Itemize expenses not ed above. (Expenses grouped together ibeled miscellaneous may not exceed total expenses shown on line 25) ipment rental

age	1	1

		was					
•					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			88,819.	1	34,066.
	2	Savings and temporary cash investments			00,023.	2	3.,000.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	5,000.
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trus	tees, key employees,		5	9,333
	6	Receivables from other disqualified persons (as define		er section 4958(f)(1))		77.1	
		and persons described in section 4958(c)(3)(B) Comp				6	
A S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
S !	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost basis	10 a	168,400.			
	b	Less. accumulated depreciation. Complete Part VI of			户 京《美国	1	
		Schedule D	10 b			10 c	168,400.
	11	Investments — publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11			<u> </u>	12	
	13	Investments — program-related. See Part IV, line 11				13	
	14	Intangible assets .				14	
	15	Other assets. See Part IV, line 11				15	271,068.
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		88,819.	16	478,534.
	17	Accounts payable and accrued expenses				17	1,600.
	18	Grants payable			-	18	
	19	Deferred revenue.				19	
Ĭ	20	Tax-exempt bond liabilities	_			20	<u> </u>
B	21	Escrow account liability. Complete Part IV of Schedule			TANKER MANAGEMENT AND MANAGEMENT OF THE	21	
L-AB-L-F-ES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, sons.	key employees, Complete Part II			
Ť		of Schedule L		-		22	The local section of the local
E S	23	Secured mortgages and notes payable to unrelated th	ırd pa	rties		23	
	24	Unsecured notes and loans payable			24		
İ	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25 .			0.	26	1,600.
Ĕ		Organizations that follow SFAS 117, check here ►	X a	nd complete lines	STATE OF THE PARTY OF		
		27 through 29 and lines 33 and 34.					4.76
ASSE	27	Unrestricted net assets			88,819.	27	476,934.
Š	28	Temporarily restricted net assets .				28	
O R	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here		and complete	发发。那么就是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不是一个人,不	29 '≉'%-	
		lines 30 through 34.	G -	and complete		2	
D2C1	30	Capital stock or trust principal, or current funds				30	Manager of the state of the sta
	31	Paid-in or capital surplus, or land, building, and equipr	ment f	und		31	
ţ	32	Retained earnings, endowment, accumulated income,				32	
BALAZCES	33	Total net assets or fund balances.			88,819.	33	476,934.
Š	34	Total liabilities and net assets/fund balances.			88,819.	34	478,534.
Pa	rt XI	Financial Statements and Reporting					
							Yes No
			ash	X Accrual	Other		
		re the organization's financial statements compiled or re		•	ccountant?		2a X
		re the organization's financial statements audited by an			for a second 1.1 × 2.11		2b X
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?							
3	a As Auc	a result of a federal award, was the organization requirents of the control of th	ed to	undergo an audit or aud	lits as set forth in the S	ıngle	3a X
		es,' did the organization undergo the required audit or	audits	3?			3b
BA/						·	Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008



Employer identification number

	cover Madison								573906			
Ŗåř	tﷺ Reason for Pu	ublic Charity State	us (All organizations	s must	comp	ete th	is part	.) (see	ınstru	ctions)		
			se it is. (Please check oi				•					
1	A church, convent	ion of churches or ass	ociation of churches des	cribed in	section	170(b)(1)(A)(i) .					
2	A school describe	d in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ.)								
3	A hospital or coop	erative hospital servici	e organization described	ın sectio	on 1 70 (b	χ1χΑχί	i i). (Atta	ach Sche	edule H.)			
4	A medical researc	h organization operate	ed in conjunction with a h	ospital d	escribed	in sect	ion 1 70	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
	name, city, and st											
5	170(b)(1)(A)(iv). (Complete Part II.)	of a college or university					nmental	unit desc	cribed in se	ction	
6 7	X An organization th		governmental unit descri substantial part of its su art II.)					or from	the gene	ral public o	lescrit	ed
8			l 70(b)(1)(A)(vi). (Complet	e Part II)							
9	An organization th from activities relainvestment income	at normally receives. (more than 33-1/3 % o tions — subject to certain ss taxable income (less s	f its supp	oort fron	(2) no i	more th	an 33-1/	3 % of its	s support f	rom or	oss
10			exclusively to test for pu	blic safe	tv. See	section	509(a)(4). (see	instructio	ons)		
11	An organization or	ganized and operated	exclusively for the benef lescribed in section 509(a cation and complete lines	it of, to i	perform	the func	tions of	or carr	v out the	purposes	of one	or nat
	a Type I	b Type II	c ☐ Type II	I – Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е	By checking this be than foundation made 509(a)(2).	ox, I certify that the or anagers and other tha	ganization is not controllent one or more publicly su	ed direct ipported	ly or ind organiz	irectly b ations d	y one o escribe	r more c d in sect	disqualification 509(a	ed persons a)(1) or sec	s other ction	r
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g	Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribi	ution froi	m any o	f the fol	lowing p	ersons?			
											Yes	No
	(i) a person who below, the go	o directly or indirectly o overning body of the si	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	(ii) a famıly men	nber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	Provide the followi	ng information about t	he organizations the orga	nızatıon	support	s.						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	ls the non in col d in your erning ment?	(v) Did your su	ization in	(vi) la organizati (i) organiz U	on in col l	(vii) Amoun	t of Sup	port
	· .			Yes	No	Yes	No	Yes	No			
				-								
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									THE PARTY NAMED IN			
otal		The state of the s	1920年的 1920年	走到("智能	PAR THE	Minus	一些证明	海岸江南 城市。	1.142			

Part II Support Schedule for Organizations Described in Sections 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.)

<u>.</u>	(Complete only if you check	ed the box on line	5, 7, or 8 or Part	1.)			
	ction A. Public Support	T	T	1 	T	m	<u> </u>
beg	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')			72,189.	109,400.		181,589.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-3	0.	0.	72,189.	109,400.	0.	181,589.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						181,589.
Sec	tion B. Total Support	,					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0.	0.	72,189.	109,400.	0.	181,589.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			46.	430.		476.
9	Net income form unrelated business activities, whether or not the business is regularly carried on .						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)			924.			924.
11	Total support. Add lines 7 through 10					N TEST TO SAME	182,989.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First five years. If the Form 990 organization, check this box and	s for the organizal	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)) ► [X]
Sec	tion C. Computation of Pu	blic Support I	Percentage				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	11, column (f)		14	%
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f			15	%
	33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a publ	icly supported org	ganization		_	▶ [
	and stop here. The organization of	qualifies as a publ	icly supported org	ganization		·	▶ [_
1/8	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts'	neets the 'facts-ai	nd-circumstances	' test, check this b	ox and stop here.	. Explaın ın Part I\	/ how
	o 10%-facts-and-circumstances test or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ar i-circumstances' i	nd-circumstances test The organiz	' test, check this b ation qualifies as a	ox and stop here. a publicly support	. Explain in Part I\ ed organization	/ how the
	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and see insti	ructions
BAA					90	hedule A (Form 9	90 or 990-FZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2007 Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. 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 support 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 support tests - 2007. If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008	Discover	Madison	Inc.	03-0573906	Page 4
Partiva Supplemental Informa	ition. Comple	ete this par	t to provide th	03-0573906 ne explanation required by Part II er additional information. (see ins	, line 10;
Part II, line 17a or 17b	; or Part III,	line 12. Pro	ovide any othe	er additional information. (see ins	tructions)
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008	Schedule	e A, Par	t IV	- Supplen	nental Infor	mation	Page !
· · ·			Discov	er Madison I	nc.		03-057390
Part II, Line 10 - Othe	er Income						
Nature and Source	e	2008		2007	2006	2005	2004
Other Income	Total 🕏	0) <u> </u>	0. \$	924. 924.	\$ 0.	0.
	<u>-</u>	<u> </u>	<u> </u>				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545 0047 Open to Public Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Dis	scover Madison Inc.		03-0573906
Pai	Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Accounts Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
_	,		
5	Did the organization inform all donors and don funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??	rs, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or oth	ds may be ner Yes No
Pai	TIS Conservation Easements Compl	ete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a	qualified conservation contribution in the form	of a conservation easement on the last day
	of the tax year.		· · · · · · · · · · · · · · · · · · ·
			Held at the End of the Year
a	Total number of conservation easements		2a
k	Total acreage restricted by conservation easer	ments	2b
c	: Number of conservation easements on a certif	ied historic structure included in (a)	2c
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ited by the organization during the taxable
	year ►		
4	Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy req enforcement of the conservation easement it h		lations, and Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during t	he year ►
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ► \$
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that d	d expense statement, and balance sheet, and escribes the organization's accounting for
Par	t.III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, In	or Other Similar Assets e 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statement	ic exhibition, education, or research in furthera	ent and balance sheet works of art, historical ince of public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, not to report in its revenue statemic exhibition, education, or research in furthera	ent and balance sheet works of art, historical ince of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		►\$ 100,000.
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other similar assets f i 16 relating to these items	or financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	► \$
b	Assets included in Form 990, Part X		> \$
BAA	For Privacy Act and Paperwork Reduction Act	Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

•						
Schedule D (Form 990) 2008 Disco	over Mad:	ison Inc.		03-05	73906	Page 2
<u>'Pুartখা।খ্লি</u> Organizations Mainta	ining Coll	ections of Art, Hist	orical Treasures,	or Other Similar A	ssets (cor	ntinued)
3 Using the organization's accession that apply)	on and other i	records, check any of the	e following that are a s	ignificant use of its colle	ction items	(check all
a X Public exhibition		d Loan	or exchange programs	ı		
b Scholarly research		e Other				
c X Preservation for future gener	ations					
4 Provide a description of the orgal Part XIV. See Part XIV	nization's coll	ections and explain how	they further the organ	iization's exempt purpos	e in	
5 During the year, did the organiza assets to be sold to raise funds re	tion solicit or ather than to	receive donations of art be maintained as part o	, historical treasures, of the organization's co	or other similar llection?	Yes	XNo
RantilV Trust, Escrow and Cu					Form 99	
IV, line 9, or reported	an amoun	it on Form 990, Par	t X, line 21.			
1a is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other intermediary	for contributions or oth	ner assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV a	and complete the following	ng table			
					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				_1f		
2a Did the organization include an ai	mount on For	m 990, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV				_	
Part V Endowment Funds Co	mplete if o	organization answei	red 'Yes' to Form	990, Part IV, line 1	0.	
	(a) Current	year (b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four	years back
1a Beginning of year balance				然 新发红旗游戏		
b Contributions						
c Investment earnings or losses				THE MAN THE PERSON NAMED IN		STORY.
d Grants or scholarships		建设				
e Other expenditures for facilities and programs						
f Administrative expenses						NAME OF TAXABLE PARTY.
g End of year balance				EL MENVENANCE		
2 Provide the estimated percentage	of the year	end balance held as.	The same of the sa		- Indiana - Indiana	
a Board designated or quasi-endow	_	8				
b Permanent endowment ►						
c Term endowment ►	~					
3a Are there endowment funds not in organization by	n the possess	sion of the organization t	hat are held and admii	nistered for the	Ye	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	rganizations I	isted as required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended		· · · · · · · · · · · · · · · · · · ·				
Part VI Investments—Land, B				X. line 10.		
Description of investment	3-1	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	⟨ Value
1a Land	-			N- ASSESSMENT OF THE PROPERTY	11	68.400

Part XIV the intended uses of the organization's endowment funds.

Part XIV Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1a Land

168, 400.

b Buildings

c Leasehold improvements

d Equipment
e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

BAA

Schedule **D** (Form 990) 2008

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability

(b) Amount

Federal Income Taxes

Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008 Discover Madison Inc.		03-0573906	Page 4
Rart XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statement	s	
. 1 Total revenue (Form 990, Part VIII, column (A), line 12)			77,689.
2 Total expenses (Form 990, Part IX, column (A), line 25)			6,829.
3 Excess or (deficit) for the year. Subtract line 2 from line 1			70,860.
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. Combine lines 3 and 9	<u> </u>	. <u> </u>	70,860.
Part XIII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	er Return	
1 Total revenue, gains, and other support per audited financial statements.		1	77,689.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
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	77,689.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investments 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. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	77,689.
Rart XIII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per R	Return	
1 Total expenses and losses per audited financial statements		1	6,829.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
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	1 1	3	6,829.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV).	4b	TO THE STATE OF TH	
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)) 	5	6,829.
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Paine 4, Part X, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Part III. Line 4 - Description Of Organization's Collections And III.			
Part III, Line 4 - Description Of Organization's Collections And	DAM EMINISTS EYEM!	5CL7NTH026"	
The Amqui Station is an historic train station tha	<u>t_will_be_used_as</u>	s_the_core	
structure of the visitor center under construction	÷		·

Schedule D (Form 990) 2008 Rant XIV Supplemental Information (continued)	Page 5
Rart XIV Supplemental Information (continued)	
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# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545 0047 2222

Department of the Treasury Internal Revenue Service Name of the organization

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

	2008
•	Open to Public Inspection
Employer identific	ation number

Discover Madison Inc. 03-0573906	
Form 990, Part III, Line 1 - Organization Mission	
Discover Madison, Inc. is dedicated to relocating the historical Amqui Train Statio	<u>n</u>
to Madison and preserving the condition of the station. Discover Madison, Inc. has	<u>a</u>
purpose of educating individuals about the history of the railroad transportation	
system within the United States and the effect it had upon the development of	
Madison, Tennessee.	
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.	
Larry Odom, a Board Memeber, is the brother of Debbie Pace, the Executive Director.	
Form 990, Part VI, Line 10 - Form 990 Review Process	
The Board Members are given a copy of Form 990 to review before it is filed. The	
Board meets to discuss the Form and to review for necessary changes. After the	
review process is complete, the President signs the return and files it with the	<del>-</del>
Federal Government.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts	
At the yearly planning session, the Board considers related parties with which it	
could possibly transact during the course of the year. In addition, all	
expenditures over a specified amount must be approved by the Board. During this	
approval process, additional attention is given to the possible violation of the	
stated conflict of interest policy.	
	<b>-</b>