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 2008 Open to Public Inspection

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A	For the 20	08 calendar year, or tax year beginning 6/	01/08 and ending	5/31/09	9				C Atlantin - California - 12 Phys.
B .	Check if apple Address than	e use RS BENEVO	LENT HEALTHCARE	FOUND	TIO	N			tification number
Ш	Name change	print or Doing Business As						-1568	
	Indial return	type. Number and street (or P.O. box if mail is not See 10377 E GEDDES			200 200	200000		none num: 3-792	-0729
Ш	Termination	Instruc- City or town, state or country, and Zi	P • 4				Gross rec		50,005,462
	Amended retu		CO 8011	2		ľ	23201	-1-1	, , , , , , , , ,
П	Application pa	ding F Name and address of principal officer:			11077	,	(a) Is this	a group refu	rn far
00 - 5	30000	W DOUGLAS JACKSON					arti at		Yes X No
		10377 E GEDDES AVE	1999 (1994), schuzalistano trio indic			1	(b) Are all include		Yes No
-		CENTENNIAL	CO 80112				If "No.	" stach a list	t (see instructions)
1	Tax-exemp		4947(a)(1) or 527						
		WWW.PROJECTCURE.ORG						exemption to	
_		zanch: X Corporation Trust Association	Other >	IL Y	ear of for	ration: 19	87	M State of	flegal comicle CC
<u> </u>	Part I	Summary	To the same of the						
		ly describe the organization's mission or most s	ignificant activities:						
õ		O IDENTIFY, SOLICIT, COLLECT CCORDING TO THE IMPERATIVE N	AND DELIVER MEDIC	CAL SUPP	LIES	AND SE	RVIC	ES	
Activities & Governance		.U.R.E. SOLICITS MEDICAL SUP	DITTE AND POUTDAR	. SPECIE.	CALL	II, PRO	JECT		
Š	2 Ch	ck this box if the organization disconting						ATE	
ĕ	3 Nur	ber of voting members of the governing body (F					1 2 1	8	
10	4 Nur	ber of independent voting members of the gove	raing hody (Part VI, line 1h)		• • • • • •		3	7	-
ĕ	5 Total	I number of employees (Part V, line 2a)					5	24	
÷	6 Total	number of volunteers (estimate if necessary)					6	1000	10
<	7a Tou	gross unrelated business revenue from Part VI	(II. line 12. column (C)				73	1000	,,,
	b Net	unrelated business taxable income from Form 9	90-T. line 34	**********			7b		0
				di lecitating	-1	Prior Year	7.0	c	urrent Year
0	8 Con	ributions and grants (Part VIII, line 1h)			40	,582,	123	49	,749,290
5	9 Pro	ram service revenue (Part VIII, line 2g)			(5)-0)-0(0	-00			ARRON ECTOR
Revenue	10 Inve	stment income (Part VIII, column (A), lines 3, 4,	28,	613		24,876			
L.	11 Oth	r revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			198	821		31,637
		revenue—add lines 8 through 11 (must equal F			40	,809,	557	49	,805,803
	13 Gra	ts and similar amounts paid (Part IX, column (A	3-1						
		fits paid to or for members (Part IX, column (A)							
8	15 Sala	ries, other compensation, employee benefits (Pa	art IX, column (A), lines 5–10)			.,038,	350	1	,077,301
penses	16a Prot	essional fundraising fees (Part IX, column (A), Ili	ne 11e)						
Exp	b Tota	fundraising expenses (Part IX, column (D), line	25) ▶347,	622	Tive?	2 (11 to 200)		13911	
_	17 Oth	r expenses (Part IX, column (A), lines 11a-11d,	11f-24f)			,192,		40	,522,301
1		expenses. Add lines 13-17 (must equal Part IX				,230,			,599,602
7.0	19 Rev	nue less expenses. Subtract line 18 from line 1	2			, 578 , ginning of Y			,206,201
116	20 Tota	assets (Part X, line 16)		-		, 671,			nd of Year
A B	21 Tota	liabilities (Part X, line 25)	*********************			,231,			,839,014 ,192,562
Net Assets or Fund Balances	22 Net	issets or fund balances. Subtract line 21 from lin				,440,			,646,452
	art II	Signature Block				,,	231	-10	,040,452
		Under penalties of periury, I declare that I have examin	ned this return, including accompan	vina schedules a	and state	ments and	to the bes	t of my kn	ouledoe
		and belief, his true, correct, and complete. Declaration	of preparer (other than officer) is t	pased on all info	mation	which pres	arer has	any knowle	edge.
Sig	n	MI. NOW pure					18	Dela	hw 700
Her	re	Signature of officer	~				Date	<u> </u>	
		10 DOWING NAC	LCON 175518	2010					
_		Type or print name and the							
		Preparer's		Date		Check if	690		rs identifying number
Pai	47 Microsophus As	Signature CHARLES W. POYSTI	, CPA	10/02	/09	self- employed	□	(see inst	ructors)
	parer's	Firm's name (or yours POYSTI & AD			1		EIN	>	
USC	Only		ADO BLVD STE 69	90			Phone		
		address, and ZIP + 4 DENVER, CO	80246					303-	733-3796
		cuss this return with the preparer shown above			717.7		on general		Yes No
DAA	For Priv	cy Act and Paperwork Reduction Act Notice.	see the separate instruction:	s.			71.4.44		Form 990 (2008)

orm 990 (2008) BENEVOLENT HEALTHCARE FOUNDATION 84-1568566	2200
Part III Statement of Program Service Accomplishments (see instructions)	age:
Briefly describe the organization's mission:	
TO IDENTIFY, SOLICIT, COLLECT AND DELIVER MEDICAL SUPPLIES AND SERVICES	
ACCORDING TO THE IMPERATIVE NEEDS OF THE WORLD. SPECIFICALLY, PROJECT	+
C.U.R.E. SOLICITS MEDICAL SUPPLIES AND EQUIPMENT FROM HOSPITALS, PRIVATE	
TALYALD	
2 Did the organization undertake any significant program services during the year which were not listed on	
	1
the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
VARIANEI	1
services? If "Yes," describe these changes on Schedule O.	No
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported.	
allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 41,112,135 including grants of \$	
)
TO PROVIDE MEDICAL EQUIPMENT AND SUPPLIES TO THOSE WHO	
NEED THEM, IN MORE THAN 87 COUNTRIES. AN AVERAGE OF TWO	10000
FORTY FOOT CARGO CONTAINERS ARE SHIPPED WEEKLY.	*****
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* *************************************	
* *************************************	
	++++
*	
b (Code:) (Expenses \$ including grants of \$) (Revenue \$	
b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
* *************************************	
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+ *************************************	
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* *************************************	
* *************************************	
* *************************************	
(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
***************************************	'

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* *************************************	
* *************************************	
* *************************************	essille Vers
	F-10-550
Other program services. (Describe in Schedule O.)	
(Expenses S including grants of S) (Revenue S)	
Total program service expenses ► \$ 41,112,135 (Must equal Part IX, Line 25, column (B).)	

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			Tv	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	+
	complete Schedule A	1	x	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	-	\dagger
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	١,		
4	Section 501(c)(3) organizations. Did the organization engage in tobbying activities? If "Yes," complete	3	-	+
	Schedule C, Part II			1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4	-	+
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		12	
3	Did the organization maintain any donor advised funds or any accounts where donors have the right to	_5	-	+
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			1
	Schedule D, Part I			ĺ
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	+
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			1
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		1
	complete Schedule D, Part III	708.88		ı
		8		
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	10.0		1
		9		1
	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		L
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D,			Γ
	Parts VI, VIII, IX, or X as applicable	11	Х	L
	Did the organization receive an audited financial statement for the year for which it is completing this return	1		Ī
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	ı
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Ī
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		t
•	23 - 33 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			t
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	146	x	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			T
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1.0		-
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	-	-
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	_
	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	_
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	-	12.00	-
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20	_	-
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	-	
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22		-
	Schedule J	230		
ı	***************************************	23	Х	_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		00	
	24b-24d and complete Schedule K. If 'No,' go to question 25.			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	x	_
	Did the organization mirest 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		
	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		- 1	
	with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		1
	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		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		\neg	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		- 1	-
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		

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			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee;	578	100	3,80
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	188		7
	employee), or an indirect business relationship through ownership of more than 35% in another entity	100	1	1
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L.	See		33
	***************************************	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		x
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a		100	
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	£	x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
3	***************************************	32		X
J	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		х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		3 - 22 - 2	
	III, IV, and V, line 1	34		x
5	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		x
6	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		x
7	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

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Form 990 (2008)

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Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S., Information Returns. Enter -0. In not applicable D.S., Information Returns. Enter -0. In not applicable and in the second process of the return of the second process of the return of the second process of the return of the second process of the	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	5-119-201				
U.S., Information Returns. Enter -0- if not appricable 10 0 0 Enter the number of Forms Vol. Gincluded in in et al. Enter -0- if not applicable 10 0 C. Did the organization camply with backup withholding rules for reportable paymens to vendors and reportable gamining (gambling) within gis to pitce winners? 2. 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. 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, (see instructions). 3. Did the organization have unrelated business gross income of \$1,000 or more during the text (see instructions). 3. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3. Did the organization and the seed of t						Yes	No
b Enter the number of Ferms W2G included in Ine 1a. Enter -0-I front applicable □ Did the organization camply with backup withholding rules for reportable payments to vendors and reportable □ gaming (gambling) within gas to price withholding rules for reportable payments to vendors and reportable □ gaming (gambling) within gas to price withholding rules for reportable payments to vendors and reportable □ Statements. Infect from the calcined year entering with or within the year covered by this return □ If I lead to ensure the price of the calcined year entering with or within the year covered by the return. It is not the calcined to the organization fail of the calcined reports of the return of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account)? □ If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry). □ If "Yes," the preparization and that it was or is a carty to a prohibited tax sheller transaction? □ If "Yes," to guestion is or St, did the organization file Form 8895-1, Disclosure by Tax-Exempt Entity □ Regarding Prohibited Tax Sheller Transaction? □ If "Yes," if outsition should with expert and the enductable? □ If "Yes," if outsition should with expert of the young contributions of more than young account the problems of the prohibited tax sheller Transaction? □ If the organ	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	\$ X	8097	1	200	333
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamins (gamblerg) winnings to prize winners? Statements, fleed for the calendar year ending with or within the year covered by this return. 2 2 24 If all east one is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return, (see instructions) 3 Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return, (see instructions) 3 Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return, (see instructions) 3 Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return, (see instructions) 4 Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return, (see instructions) 5 Did the organization in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial Accounts. 5 We see the instructions for exceptions and filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. 5 We the ergenization a party to a prohibited tax sheller transaction? 5 Did any transel party notely the organization like Form 889-1, Discosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfor Transaction? 5 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than 579? 6 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than 579? 7 Did Tax Shelfor She						1	
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2a Enter the number of employees reported on Form WA3, Transmittal of Wappa and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, tiese instructions? 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 feld a Form 590-T for this year? If "No," provide an explanation in Schedule O 3c 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)? 8c If "Yes," enter the name of the foreign country. 8ce the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. 9c Was the organization a party to a prehibbed tax shelter transaction? 9c Was the organization a party to a prehibbed tax shelter transaction? 9c Was the organization and the was or is a party to a prehibbed tax shelter transaction? 9c Was the organization shelt any contributions that was or is a party to a prehibbed tax shelter transaction? 9c Was the organization shelt any contributions that was or is a party to a prehibbed tax shelter transaction? 9c Was the organization shelt any contributions that was or is a party to a prehibbed tax shelter transaction? 9c Was the organization shelt any contributions that was or is a party to a prehibbed tax shelter transaction? 9c Was the organization shelt any contributions that were not tax deductible? 9c Was determined that the sum of the organization include wherey selicitation an express statement that such contributions or 9c Was determined that the organization shelt was organization shelt any organization shelt any	c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e	17478	380	San Marke
Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of kines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Bit the organization have unrelated business gress income of \$1,000 or more during the year covered by this return? 3a X Note. If the sum of kines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Bit the organization have unrelated business gress income of \$1,000 or more during the year covered by this return? 3a X If "Yes," has it filed a Form 999-T for this year? If "No," provide an explanation in Schedule O 3b X If "Yes," has it filed a Form 999-T for this year? If "No," provide an explanation in Schedule O 3b X If "Yes," sha it filed a Form 999-T for this year? If "No," provide an explanation in Schedule O 3b X X If "Yes," end the name of the foreign country. If year year was bank account, securities account, or other funntial account in a freeling country guest as a bank account, securities account, or other funntial account in a freeling country guest as a bank account, securities account, or other funntial account in a freeling country guest as a bank account, securities account, or other funntial account in a freeling country guest as a bank account, securities account, or other funntial accounts and file 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. 3c Y Was the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3c Y Was the organization and provide guest as a party to a prohibited tax shelter transaction? 3c Y Was the organization proterly the department of the sax years of a party to a prohibited tax shelter transaction? 3c Y Was the organization include with a was or is a party to a prohibited fax shelter transaction? 3c Y Was the organization include with a was or is					1c	X	
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Note, If the sum of kines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Job the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Job If "Yes," has it filed a Form 590-T for this year? If "No," provide an explanation in Schedule O Job If "Yes," has it filed a Form 590-T for this year? If "No," provide an explanation in Schedule O Job If "Yes," has it filed a Form 590-T for this year? If "No," provide an explanation in Schedule O Job If "Yes," can be called a year, did the organization have an interest lin, or a signature or other authority over, a financial account in a foreign country. See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," context has a party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization a party to a prohibited tax shelter transaction and financial Accounts. If "Yes," do question Sa or Sk, did the organization file Form 6888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? So Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Job of the organization receive deductible contributions under section 170(c). Job of the organization that were any excelve deductible contributions under section 170(c). Job of the organization and year receive deductible contributions under section 170(c). Job of the organization and year receive deductible contributions under section 170(c). Job of the organization sell, exchange, or otherwise dispose of tangible				24	122	223	
instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
this return? 3.3		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				120	2,63
this return? If Yes, 'has it field a Form 993-T for this yea? If 'No,' provide an explanation in Schedule O 3b If Yes, 'has it field a Form 993-T for this yea? If 'No,' provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other financial account; over a financial account; a foreign country (such as a bank account, securities account, or other financial account; over a financial account acc		NOTE 100 (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			559	356	2.3
b If *Yes,* has it fied a Form 899-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: b 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. 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b X If *Yes,* to question 5 as or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If *Yes,* to question 5 as or 5b, did the organization file Form 8898-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations shall 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 5757 7a X If *Yes,* did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 7c X 7d If *Yes,* indicate the number of Forms 9292 filed during the year 7 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization of qualified intellectual property, did the organization file Form 8899 as required? 7n X For contributions of qualified intellectual property did the organizat	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by		230	24	1400
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benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? for all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4956? b Did the organization make any taxable distributions under section 4956? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a			_	,			-345
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For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4956? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		Did the exemptation during the year may promise directly or indirectly on a personal banefit contr	ar!?			-	
h For contributions of cars, boats, airptanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4956? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Ina Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		할 때 마이지 않는 경우를 가게 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은		* . * . *		-	
required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	b					1	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4956? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a					7h		x
509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4956? b Did the organization make a distribution to a donor, donor advisor, or related person? 9	R		tion		0.85	3525	13423
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		Diddle and the state of the sta			9a		X
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	100						X
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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: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a			10a		1		1500
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	1.00		10b		78456	200	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	2000	있는 사용물이 많은 하는 사용 전에 있는 사용 전에 가장되었다. 하는 경향 등 가장 바로 바로 바로 바로 바로 바로 하는 사용을 하는 것이다.	(a)		N. 1	186	3.3
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		. TO BE BELLEVING TO THE CONTROL OF	11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 950 in lieu of Form 1041? 12a	b				330	100	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 950 in lieu of Form 1041?		**************************************	11b		2,42	123	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 950 in lieu of Form	10417		12a		
	_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		184	357	19.6

Form 990 (2008) BENEVOLENT HEALTHCARE FOUNDATION 84-1568566 p
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	A STATE OF THE STA		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	33023	Nei	IND
	circumstances, processes, or changes in Schedule O. See instructions.	3.5	2	
1a				
b	HONG TO THE PERSON AND THE PERSON A			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 46		45
STOP	any other officer, director trusted or key employee?	2	x	1000
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	1^	+-
0 - 0.0	supervision of officers, directors or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3	-	x
5	Did the organization become aware during the year of a material divertion of the organization's account.	4	-	x
6	Does the granization have members or stockholders?	5	-	
7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members	. 6		X
	of the governing body?	_		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	1000	X
۰	the year by the following:	333		132
2	The expression had 2	1000	Shire	19852
b	Fach committee with authority to and an habit of the annual and a	_Ba	X	-
9a	Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates?		X	
		9a	-	X
D	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?	96	_	-
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	X	_
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sec	the organization's mailing address? If 'Yes.' provide the names and addresses in Schedule O	11		X
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	125	X	
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	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	344	SYNC	Q-23.3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		2.3	
a	The organization's CEO, Executive Director, or top management official?	15a	x	1,184,06
b	Other officers or key employees of the organization?	15b	x	
	Describe the process in Schedule O. (see instructions)	3036	STA	9833
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100	12.7	
	with a taxable entity during the year?	16a	, in the state of	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	75.2%	255	1000
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	350	V.	30.5
	the organization's exempt status with respect to such arrangements?	16b	30000	736550
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed > AZ, CO, TN			
18	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 X Another's website X 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: ► ORGANIZATION 10377 E GEDDES AVE, SUITE 200			
CE	***************************************	3-79	2-0	720

Form 990 (2008) BENEVOLENT HEALTHCARE FOUNDATION

84-1568566

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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) of 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.

(A) Name and Title	(B) Average			chec		that a;		(D) Reportable compensation	(E) Reportable	(F) Estimated	
	hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
W DOUGLAS JACK		x		x				125,000	0	24,472	
JAMES W JACKSO		x						0	0	(
RICHARD O CAME DIRECTOR	PBELL	x						0	0		
GENE OSBOURNE DIRECTOR		×						o	0		
BILL PAULS CHAIRMAN		x						o	0		
DANIEL YOHANNE DIRECTOR	S	x					1	o	0		
BRAD LIDGE DIRECTOR		x	-2000	0.00				0	0		
CHARLIE FOTE DIRECTOR		x						0	0		
GEORGE ROBERGE KEY EMPLOYEE				x				150,000	0	30,559	
								16 55 55 55			

										1	
	111101111111111111111111111111111111111				00000		1				

compensation from the organization >

Part VII Section A								ION 84-156 ad Highest Compensated				Page
(A)	(B)			77	C)	,	-	(D)	(E)		(F)	900
Name and the	Average hours per week	C or director	-	Officer	May employee	a employee	-	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-M:SC)	Esti amo compe fror organ and	mated funt of ther ensation in the exation related zations	
• • • • • • • • • • • • • • • • • • • •		_									anno e Lo	02014
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	45	L			_							
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• • • • • • • • • • • • • • • • • • • •								921 (C 120) (C 12) (C 12)				
												est.
• • • • • • • • • • • • • • • • • • • •												
• • • • • • • • • • • • • • • • • • • •												
• • • • • • • • • • • • • • • • • • • •								76 9				
1b Total		****		K- 100	1000		▶	275,000			55,	03
organization ▶ 2 3 Did the organization I		rector	or tr	uste	e, ke	ey en	nplo	n \$100,000 in reportable o		(2000) 3	Yes	No
4 For any individual list the organization and individual	ed on line 1a, is the sum related organizations gre	of re ater t	porta han	\$150	com)	pens)? If '	Yes	and other compensation of complete Schedule J for	such	<u>Sk</u>	x	27
5 Did any person listed services rendered to	on line 1a receive or acc the organization? If "Yes	rue c	omp	ensa e Sc	ition hed	from	any for s	unrelated organization for such person	•••••••••	. 5	des	X
Section B. Independent C 1 Complete this table for	or your five highest comp	ensat	ted in	ndep	ende	ent c	ontra	octors that received more to	han \$100,000 of			
compensation from the	(A) Name and business address					Ī			(B) on of services	Т.	(С) отрегза	3
		92103						Discip.	the diseases		отрегза	DGR
				83		_	-					
			_			_				_		
2 Total number of indep	pendent contractors (incl	uding	thos	e in	1) w	ho re	ceiv	ed more than \$100,000 in		18630	22214	1600

-7,419

49,805,803

56,513

e Total. Add lines 11a-11d

9c, 10c, and 11e .

12 Total Revenue, Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

68566

Page 10

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			MEGICAL SANGE	Alternation 3
	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				MENTERS CARRENTES
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
16	U.S. See Part IV, lines 15 and 16			234.474136 VSDV 665-	General 2007 (1907)
4	Benefits paid to or for members Compensation of current officers, directors,			THE CONTROL OF THE CONTROL OF THE CONTROL	Control of the Contro
5	trustees, and key employees	275,000	203,125	34,375	37,500
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	648,262	451,886	38,133	158,243
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	88,107	53,117	9,479	
10	Payroll taxes	65,932	46,865	5,443	13,624
11	Fees for services (non-employees):				
	Management	20 140		29,140	
	Lega!	29,140 10,371		10,371	
	Accounting	10,371		10,371	
	Lobbying Professional fundraising services. See Part IV, line 17		PREPRESENCE AND A SECOND PROPERTY.	SHARON CONTRACTOR	
	Investment management fees		85. 41.41.77	PA WISCINGER HELDINGSON	
f	Other Control of the	104,708	66,421		38,287
12	Advertising and promotion				
13	Office expenses	532,851	479,830	5,536	47,485
14	Information technology	34,686	26,470	2,282	5,934
15	Royalties				
16	Occupancy	602,287	601,149		
17	Travel	263,133	256,652	705	5,776
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	F2C 100	535,433	747	
20	Interest	536,180	333,433	141	
21	Payments to affiliates	250,153	250,153		
22	Depreciation, depletion, and amortization	31,839			
23	Insurance	\$55557545575AK#NAK	GORDES AT CONSTRUCTOR	92350000000000000000	THE PARTY OF THE P
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.)	We foul the second	\$583024565224A		AND REPORTED FOR
a	DONATIONS-MEDICAL SUPPLY	37,949,694			
b	CURE CLINICS	82,546			
c	EDUCATION & RESOURCES	30,371			
d	BOND FEES	15,087			0.000
0		13,193			
1	All other expenses	36,062			
25	Total functional expenses. Add lines 1 through 24/	41,599,602	41,112,135	139,643	341,022
26	Joint Costs. Check here 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				
					Form 990 (2008

P	art X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest bearing			1,220,378	1	1,019,4	62
	2	Savings and temporary cash investments			589,152	2	913,8	02
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			21,219	4	18,0	73
	5	Receivables from current and former officers, directors, t	rustees, k	rey				
	0 1	employees, or other related parties. Complete Part II of S				5		
	6			C1000				
	0	4958(f)(1)) and persons described in section 4958(c)(3)(i	B). Comp!	ete		2330.	1000 121 120 120 120 120 120 120 120 120	200
	8	Part II of Schedule L				6		-
Sis	7	Notes and loans receivable, net			22 420 001	7	45 561 6	
Assets	8	Inventories for sale or use			37,478,901	8	45,761,0	
ĕ	9	Prepaid expenses and deferred charges	10a		63,704	9	68,8	1/
			10a	10,567,579		100		809
	ь	Less: accumulated depreciation. Complete		704 204	10 070 000	3000		22
	505	Part VI of Schedule D	10b	724,294	10,070,908		9,843,2	85
	11	Investments—publicly traded securities				11		
	12	Investments—other securities. See Part IV, line 11				12		-
	13	Investments—program-related, See Part IV, line 11				14		_
	14	Intangible assets Other assets. See Part IV, line 11			227,482	15	214,5	75
	15	Total assets. Add lines 1 through 15 (must equal line 34			49,671,744		57,839,0	
-	15	Accounts payable and accrued expenses			342,818	17	312,1	
	18		512,020	18	J22,12			
	19	Grants payable Deferred revenue			19	17,1	20	
	20	Deferred revenue Tax-exempt bond liabilities	7,905,000	20	7,905,0			
ç	21	Escrow account liability. Complete Part IV of Schedule D			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21	.,,,,,,,	
Liabilities	22	12 이 이 이 경영 시간 이 보고 있는데 그렇게 하면 가게 보고 있다. 그런데 그렇게 하고 있는데 없다.			STATE STATE OF THE	33085	WHEN DESIGNED	200
ā		employees, highest compensated employees, and disqu		ALTEVATA PART SERVE	200			
=		persons, Complete Part II of Schedule L.			and here it allows are supplied to the supplied and supplied and supplied to the supplied and supplied and supplied and supplied and supplied and supplied and su	22	A Selection of the Principle of the Selection of the	Contract.
	23	Secured mortgages and notes payable to unrelated third	parties		972,555	23	940,6	66
	24	A	9.70			24		
	25	Other liabilities, Complete Part X of Schedule D			11,120	25	17,6	
	26				9,231,493	26	9,192,5	62
65		Organizations that follow SFAS 117, check here	and			1250		153
		complete lines 27 through 29, and lines 33 and 34.				100 E		
<u>=</u>	27	Unrestricted net assets			40,350,869	27	48,380,8	
ä	28	Temporarily restricted net assets			89,382	28	265,5	82
or Fund Balanc	29					29		
E		Permanently restricted net assets Organizations that do not follow SFAS 117, check her	c >			200		
5		and complete lines 30 through 34.				(Lai		
	30	Capital stock or trust principal, or current funds				30		
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund			31		
As	32	Retained earnings, endowment, accumulated income, or	other fun	nds		32		
et	33	Total net assets or fund balances			40,440,251		48,646,4	
_	34	Total liabilities and net assets/fund balances			49,671,744	34	57,839,0	14
P	art)	(1) Financial Statements and Reporting	-					_
10.00	27222400						Yes	No
1		마음하다 하면	ash X					eg.d
		ere the organization's financial statements compiled or rev			ance			<u>x</u> _
		ere the organization's financial statements audited by an in				2b X	_	
		Yes" to lines 2a or 2b, does the organization have a comm			() 100 () 100 () 100 ()		2c X	
		e audit, review, or compilation of its financial statements a			*********		2c X	-
3:		a result of a federal award, was the organization required	337	[6]				
100		Single Audit Act and OMB Circular A-133? Yes," did the organization undergo the required audit or at			********			-
_ '	11	res. Go the organization undergo the required audit or at	udit5 f	LEARTH LAND CO.	**************		3b	_

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 84-1568566 BENEVOLENT HEALTHCARE FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 8 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 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. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally Integrated b Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (i) Name of supported (hr) is the organization (III) EIN (iii) Type of organization (v) Did you notely (vi) is the (viii) Amount of organization (described on lines 1-9 in col. (i) listed in your the progrization in ganization in col support (i) organized in the above or IRC section governing document? ca! (i) of your (see instructions)) support? U.S 7 No Yes Yes No

Total

	edule A (Form 990 or 990-EZ) 2008 BEN					-1568566	Page 2
≥ Pa	Support Schedule for O (Complete only if you ch)(1)(A)(iv) and	170(b)(1)(A)(vi)	E
Sec	tion A. Public Support						777-7
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(n 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. Add lines 1-3						
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)		100 mg/s			The second secon	
6	Public support. Subtract line 5 from line 4	(5)10/2002/18/2003	4.0000000000000000000000000000000000000	BOREST NEWSFILMS	968035553559	247278022869787	
-	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2003	(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		- Work				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	www.manley		14000000000000000000000000000000000000	SATISTICS AND SE	OWITH MEMBERSHIPS	
11	Total support. Add lines 7 through 10	TOTAL STATE OF LESS A.	CASCA PRODUCTION	SERVED SERVERS	YORKZE WEED LYCKE	1945-1945 (A. 1941) E.	
12	Gross receipts from related activities, etc.					12	
13	First five years, if the Form 990 is for the	1/5	, second, third, for	irth, or fifth tax yea	ar as a section 501	(c)(3)	
5	organization, check this box and stop her tion C. Computation of Public St		1000	444441444444	enaren arana,		1111111
				- (6)		14	
14	Public support percentage for 2008 (line 6	, column (I) divided	Sey line 11, colum	in (i))			
15	Public support percentage from 2007 Sch 33 1/3 % support test—2008. If the organ	equie A, Part IV-A,	ine zor	12 and line 14 in	22 1/2 5/	25 1 15 1	
16a							▶ □
2	and stop here. The organization qualifies 33 1/3 % support test—2007. If the organ	as a publicly suppli	oned organization sk a boy on line 11	ac 16a and line	(6 is 22 (12 % or a		
u	box and stop here. The organization qual			***			□
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the tracts-and-circums	8. If the organization of the state of the s	on did not check a inces" test, check	box on line 13, 16 this box and stop	here. Explain in Pa	14 is 10% or art IV how the	
b	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the facts-and-circums	acts-and-circumsta	nces" test, check	this box and stop	here. Explain in Pa	art IV how the	. □
19	Private foundation, if the organization did			[편안 하다 하다 하나 사람은 나라는 기계를 들어가?			······ [
18	Fire organization of	THU CHECK II DOX C	ni inte 15, 16a, 16	2, 174, Ot 170, Che	on uns box and se	e instructions	

490 10/02/2009 2 25 PM Schedule A (Form 990 or 990-EZ) 2008 BENEVOLENT HEALTHCARE FOUNDATION 84-1568566 Page 3 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 year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) 33,303,889 29,359,225 38,084,475 40,582,123 49,573,090 190,902,802 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 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 Total. Add lines 1-5 33.303.889 29,359,225 38,084,475 40,582,123 49,573,090 190,902,802 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from 33,303,889 38,084,475 29,359,225 40,582,123 49.573,090 line 6.) 190,902,802 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 33,303,889 29,359,225 38,084,475 40,582,123 49,573,090 190,902,802 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 4,221 14,205 1,337 28,613 24.876 73,252 sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1,337 4,221 14,205 28,613 24,876 73,252 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 2.600 51.974 82.071 170.372 307,017 Total support. (Add lines 9, 10c, 11, 33,307,826 29,415,420 38,180,751 40,781,108 49,597,966 191,283,071 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 99.8012 % Public support percentage from 2007 Schedule A. Part IV-A, line 27g 100.1569 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0.0383 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h -0.2323 % 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 line 19a, and line 16 is more than 33 1/3%, and

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

fine 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008 BENEVOI Part IV Supplemental Information. Co	implete this part to provi	de the explanation red	84-1568566 quired by Part II, line 10; nation, (see instructions)	Page 4
			iation, (acc more deficinal)	
PART III, LINE 12 - OTHER	INCOME DETAIL			*******
MISCELLANEOUS	\$	307,017		
· · · · · · · · · · · · · · · · · · ·				

	***********************	****		
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				1111000
	***************************************	*********************	***************************************	

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				•••••

	* . * *	*******************	*************************	*****
	•••••			•••••

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Asmo	of the or	ganization		Employ	er identification n	umber
BE	ENEVO	LENT HEALTHCARE FOUNDATION			568566	
Pa	rt I	Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990,	nds or Other Similar Funds o Part IV, line 6.	r Accoun	ts. Complete	if
818-5			(a) Donor advised funds	(b	Funds and other a	counts
		mber at end of year				
2	Aggrega	te contributions to (during year)				
3	Aggrega	ite grants from (during year)				
		te value at end of year				
		organization inform all donors and donor advisors in writing tha				
		e the organization's property, subject to the organization's exc			📙 Yes	∐ No
6		organization inform all grantees, donors, and donor advisors in	그렇게 하는 옷에 대통하다 살아가 살아 가게 되었다면 하면 살아 되었다면 하는데 하면 하는데 하나요?			
		ly for charitable purposes and not for the benefit of the donor of	r donor advisor or other			
	_	ssible private benefit?			Yes Yes	No
	rt II	Conservation Easements. Complete if the org		orm 990,	Part IV, line /	•
1	Secure 1	(s) of conservation easements held by the organization (check			16	
		servation of land for public use (e.g., recreation or pleasure)	Preservation of an historically	10.7 A.T.	nd area	
		ection of natural habitat	Preservation of certified histor	nc structure		
		servation of open space	and the standard and a second			
2		te lines 2a-2d if the organization held a qualified conservation	contribution in the form of a conservati	ion easemen	T.	
	on the la	ist day of the tax year.		C-4.6		
	<u> </u>			- 100	Held at the En	of the Year
		reage restricted by conservation easements				
		of conservation easements on a certified historic structure inc	T T T T T T T T T T T T T T T T T T T	2c		
33 1		of conservation easements included in (c) acquired after 8/17/				
3		of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organ	ization durin	9	
		ble year ►				
4		of states where property subject to conservation easement is				
5		e organization have a written policy regarding the periodic mon	storing, inspection, violations, and		Yes	No
		ment of the conservation easements it holds? volunteer hours devoted to monitoring, inspecting, and enforcing				no
5						
7		of expenses incurred in monitoring, inspecting, and enforcing ich conservation easement reported on line 2(d) above satisfy				
8			the requirements of section		Yes	No
2 1		l)(B)(i) and section 170(h)(4)(B)(ii)? (IV, describe how the organization reports conservation easem			🗀 103	NO
9		sheet, and include, if applicable, the text of the footnote to the				
		nization's accounting for conservation easements.	organization a maneral statements the	at describes		
Pa	rt III j	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Historical Treasures, or Othe Form 990, Part IV, line 8.	er Similar	Assets.	
1a	If the are	ganization elected, as permitted under SFAS 116, not to report	t in its revenue statement and balance	sheet works	of	
	Action of the second	orical treasures, or other similar assets held for public exhibition				
	provide,	in Part XIV, the text of the footnote to its financial statements	that describes these items.			
b	If the org	ganization elected, as permitted under SFAS 116, to report in i	ts revenue statement and balance she	et works of a	art,	
	historica	al treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	public service	e,	
	provide	the following amounts relating to these items:				
	(i) Rev	enues included in Form 990, Part VIII, line 1			· \$	
	(ii) Ass	ets included in Form 990, Part X			· \$	
2	If the org	ets included in Form 990, Part X ganization received or held works of art, historical treasures, or	r other similar assets for financial gain,	provide the		
	following	amounts required to be reported under SFAS 116 relating to	these items;			
	Revenue	es included in Form 990, Part VIII, line 1 included in Form 990, Part X			· \$	

_		NT HEALTHCARE		The state of the s	568566	Page 2
	art III Organizations Maintainin					ets (continued)
3	Using the organization's accession and oth items (check all that apply):	er records, check any of the	e following that are a	significant use of it	s callection	
a	Public exhibition	d Loan	or exchange progra	ms		
b	Scholarly research	e 📙 Othe	·			
c	: Preservation for future generations					
4	Provide a description of the organization's of Part XIV.	collections and explain how	they further the org	anization's exempt p	urpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive donations of art, to be maintained as part of	historical treasures the organization's o	or other similar		Yes No
Pa	art IV Trust, Escrow and Custo Part IV, line 9, or reported				red "Yes" to F	orm 990,
1a	Is the organization an agent, trustee, custoo	dian or other intermediary f	or contributions or a	ther assets not		<u>2010</u> 8 89990
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV	V and complete the following	ng table:			Yes No
03.55						Amount
c	Beginning balance				1c	
d	Additions during the year	***************************************		• • • • • • • • • • • • • • • • • • • •	1d	
0	Distributions during the year	***************************************		••••••	10	
1	Ending balance			***************	11	
2a	Did the organization include an amount on I	Form 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV	<i>I</i> .		*****************		163 160
Pa	art V Endowment Funds. Com	plete if organization a	answered "Yes"	to Form 990, Pa	art IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	+	
1a	Beginning of year balance		EXPERSIONS DRIVERS	AND STREET	\$3030XXXXXX	Sell Processors
b	Contributions		ALCONOMICS OF	MARKET SELLOWS	ZEW SHEWS	BEN BEDITERSINGSRO
c	Investment earnings or losses	And the second s	CORPORATE STATE	1000 ENGINEERS	ESWANDS.	SE MUSICIPALITA
d	Grants or scholarships		图影的影影与自由形态	A STEER SEASON / NO	21/22/66/25/1489	CALL AND HOLD COMMENTS OF
e	Other expenditures for facilities		(\$250.00 Berries)	SECTION STATE	KALDINIYAYA	22 N 350 N 3 N 25 N 2 N 3 N 3 N 3 N 3 N 3 N 3 N 3 N 3 N 3
	and programs					
1	Administrative expenses		SECTION OF THE SECTION OF	THE CHARLES	43/05/30/05	HA PRINCESSE AND AND
9			WWW. CONTROLLED	THEFT	SEEDING SECURE	AF SAGRESIAN
2	Provide the estimated percentage of the year	ar end balance held as:				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ► %					
C	Term endowment ▶ %					
За	Are there endowment funds not in the posse	ession of the organization t	hat are held and adr	ninistered for the		W
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
ь	If 'Yes" to 3a(ii), are the related organization	is listed as required on Sch	redule R?			3b
4	Describe in Part XIV the intended uses of the	e organization's endowmer	nt funds.			
Pa	art VI Investments—Land, Build		nt. See Form 99	0, Part X, line 1	0.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or of basis (other	4.7	preciation	(d) Book value
1a	Land		3,885	,000	SAN REPORT	3,885,000
b	Buildings		6,492	,000		6,492,000
C	Leasehold improvements			,991		12,991
d	Equipment			,070		124,070
0	Other		53	,518	724,294	-670,776
Tota	I. Add lines 1a-1e. (Column (d) should equal	Form 990, Part X, column	(B), line 10(c).)	122		9,843,285

Part VII	Investments—Other Securities, See Form		
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
	atives and other financial products		
Other	quity interests	***	
Other		-	
		-	
		-	
		_	
		_	
	(b) should equal Form 990, Part X, col. (B) line 12.))	THE SECOND COMES, TO SECURE OF THE PROPERTY OF
Part VIII	Investments—Program Related. See Form		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
		_	Cost or end-of-year market value
<u> </u>			
Total, (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	>	
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 1		
		5.	(b) Book value
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
	Other Assets. See Form 990, Part X, line 1	5.	
Part IX	Other Assets. See Form 990, Part X, line 1 (a) Description	5.	(b) Book value
Part IX	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.)		
Part IX	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line	e 25.	(b) Book value
Part IX	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability		(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value
Total. (Column	Other Assets. See Form 990, Part X, line 1 (a) Description (b) should equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, lin (a) Description of liability e taxes	e 25.	(b) Book value

uncertain tax positions under FIN 48.

	edule D (Form 990) 2008 BENEVOLENT HEALTHCARE FOUNDAT		84-1568566	Page 4
_				49,805,803
1 2	Total revenue (Form 990, Part VIII, column (A), line 12)		2	41,599,602
3.73	Total expenses (Form 990, Part IX, column (A), line 25)		3	8,206,201
3	Excess or (deficit) for the year, Subtract line 2 from line 1		4	0,200,201
4	Net unrealized gains (losses) on investments		5	
5	Donated services and use of facilities			
5	Investment expenses		6	
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		9	9 206 201
10	int XII Reconciliation of Revenue per Audited Financial Stateme			8,206,201
1	Total revenue, gains, and other support per audited financial statements	III AAITII L	Revenue per Return	49,805,803
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			49,003,003
-		2a		
	Net unrealized gains on investments	2b		
	Donated services and use of facilities		- 38	
C	***************************************	20	38	
d		2d	222	
	Add lines 2a through 2d	**********	2e	40 005 000
3	***************************************	1	3	49,805,803
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2003	257	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIV)	4b	(1948)	
٠	Add lines 4a and 4b		4c	40 005 000
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			49,805,803
	IT XIII Reconciliation of Expenses per Audited Financial Stateme	ents with	Expenses per Return	
1	Total expenses and losses per audited financial statements			41,599,602
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	33.0	
a	Donated services and use of facilities	2a		
b		2b		
c	***************************************	2c		
d	************************************	2d	7567	
0				44 500 600
3	Subtract line 2e from line 1	1	3	41,599,602
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		335	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38	
ь	Other (Describe in Part XIV)	4b	533	
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c, (This should equal Form 990, Part I, line 18.)			41,599,602
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin		; Part IV, lines 1b	
and :	b; 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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Schedule D (НС	AR	E	FO	מטו	DΑ	TI	10	1		84	-1	.56	85	66	5						Pag	e 5
Part XIV	S	uppl	eme	enta	al Ir	nfor	rma	ıtio	n (c	onti	nue	d)						2000													1000			5-3943	
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-8647

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BENEVOLENT HEALTHCARE FOUNDATION

Employer identification number 84-1568566

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or		10020		
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			-010.0	
	the grants or assistance?	X Yes		١	10

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region, (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
ASIA			PROGRAM SERVICES	SHIP MED CONTAINERS	1,791,125
CENTRAL 7	MERICA		PROGRAM SERVICES	SHIP MED CONTAINERS	10,814,083
EAST AFR	ICA		PROGRAM SERVICES	SHIP MED CONTAINERS	2,424,822
EASTERN E	EUROPE		PROGRAM SERVICES	SHIP MED CONTAINERS	2,510,196
MIDDLE E	AST		PROGRAM SERVICES	SHIP MED CONTAINERS	1,085,080
PACIFIC	ISLANDS		PROGRAM SERVICES	SHIP MED CONTAINERS	280,000
SOUTHEAST	r asia		PROGRAM SERVICES	SHIP MED CONTAINERS	3,140,950
SOUTH AFT	RICA	***************************************	PROGRAM SERVICES	SHIP MED CONTAINERS	9,000
SOUTH AM	ERICA		PROGRAM SERVICES	SHIP MED CONTAINERS	1,982,092
SUBSAHAR	AN AFRICA		PROGRAM SERVICES	SHIP MED CONTAINERS	4,721,417
WEST AFR	ICA		PROGRAM SERVICES	SHIP MED CONTAINERS	9,202,856
otals ►					37,961,621

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Schedule F (Form 990) 2008	d Other Assistar	IT HEALTHC	m 990) 2008 BENEVOLENT HEALTHCARE FOUNDATION 84-1568566 Grants and Other Assistance to Organizations or Entities Outside the United States, Complete if the organization answered "Yes" to Form 990.	84-1568566 e United States.	Complete if the	organization an	swered "Yes" to	Form 990.
	te 15, for any recidule F-1 (Form 9	ipient who rece 90) if additiona	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.	ck this box if no o	ne recipient rec	eived more than	35,000	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(i) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal other)
								-
			ik.					
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Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Schodulo F-1 (Form 990) 2008

NO 10/02/2009 2:28 PM

Page 3

84-1568566

Schedule F (Form 990) 2008 BENEVOLENT HEALTHCARE FOUNDATION

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursoment (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III

Schedule F (Fo			HEALTHCARE	FOUNDATION	84-1568566	Pag	e 4
grantiva	Complete	ental Information this part to provide	e the informat	tion required in	Part I, line 2, and a	any other additional information.	
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SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization BENEVOLENT HEALTHCARE FOUNDATION

Employer identification number 84-1568566

Р	art I A Questions Regarding Compensation	EVE		
			Yes	Ho
9040		3		
1:	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	1338	- X	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	327	188	
		433	85	
	First-class or charter travel Housing allowance or residence for personal use	25	100	
	Travel for companions Payments for business use of personal residence	32.0	33	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	333	2,000	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
,	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	1250	WH.	
•	provision of all of the expenses described above? If "No," complete Part III to explain	- Salar	3555	23010
2		1b		
•	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 187	2	1-20 K	523263
3	Indicate which if you of the fallening the association can be extended to the	100	182	-633
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.			
		180	130	1000
		38%		323
		20.50	3	23
	Form 990 of other organizations X Approval by the board or compensation committee	330		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	SE SE		
a	Receive a severance payment or change of control payment?	4a	of displaying	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	3724	355	1972-129
	0.00 0.	3.5		300
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		333	38
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:	58.05	(S)	× ×
a	The organization?	5a	300300	X
b	Any related organization?	5b		x
	If "Yes" to line 5a or 5b, describe in Part III.	2498	5%28.	20584
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		250	
	compensation contingent on the net earnings of:	Light.	383	
a	The organization?	6a	220006,0	X
ь	Any related organization?	6b		x
	If "Yes" to line 6a or 6b, describe in Part III,	20,000	25532	44584
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	(Parket	SCOCIA	-3464
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	8	x
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)? If "Yes," describe			
	in Part III	١, ١		v

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

Schedule J (Form 990) 2008

Page 2

84-1568566 Schedule J (Form 990) 2008 BENEVOLENT HEALTHCARE FOUNDATION

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

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 column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(А) Матъе		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(b)(a)	reported in prior Form 990 or Form 990-EZ
GEORGE ROBERGE	8	150,000	0	0	0			
	3	0		0	0	0	0	0
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Fart III Supplemental information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part	
for any additional information.	1
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Schedule J (Form 990) 2008

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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

8

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Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. 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 (Form 990).

2008

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 84-1568566 (g) Defeased Yes (i) Description of purpose 7,905,000 (e) Issue price (d) Date issued 2/15/08 (c) CUSIP # BENEVOLENT HEALTHCARE FOUNDATION (b) Issuer ElM A COLORADO HELATH FACILITIES AUTHORIT Bond Issues (Required for 2008) (a) Issuer name

No

Yes

₽×

(h) On behalf of

8 Part II Proceeds (Optional for 2008) 3 Proceeds in refunding or defeasance escrows 2 Gross proceeds in reserve funds 1 Total proceeds of issue

6 Working capital expenditures from proceeds 7 Capital expenditures from proceeds 8 Year of substantial completion 5 Issuance costs from proceeds 4 Other unspent proceeds

9 Were the bonds issued as part of a current refunding issue? 10 Were the bonds issued as part of an advance

å

705

No

Yes

S

Yes

2

Yes

2

Yes

12 Does the organization maintain adequate books and 11 Has the final allocation of proceeds been made? refunding issue?

Part III Private Business Use (Optional for 2008) records to support the final allocation of proceeds?

Yes member of an LLC, which owned property financed by 2 Are there any lease arrangements with respect to the 1 Was the organization a partner in a partnership, or a

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

financed property which may result in private business use?

Schedule K (Form 990) 2008

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Yes

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Yes

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Page 2 Schedule K (Form 990) 2008 38 8 × 2 2 Yes × × × No £ Yes × 8 8 2 å U Yes 84-1568566 Yes 38 10 38 Š 운 8 Schedule K (Form 990) 2008 BENEVOLENT HEALTHCARE FOUNDATION Yes Yes × × å 2 Yes Yes Part III Private Business Use (Continued) Part IV Arbitrage (Optional for 2008) Has a Form 8038-T, Artitrage Rebate, Yield Reduction or other outside counsel to review any management or Are there any research agreements with respect to the financed property which may result in private business d Was the regulatory safe harbor for establishing the fair Does the organization routinely engage band counsol 6 Did the hand issue qualify for an exception to rebate? Has the organization adopted management practices service contracts or research agreements relating to 3a Are there any management or service contracts with respect to the financed property which may result in identified a hedge with respect to the bond issue on and Penalty in Licu of Arbitrage Rebale, been filed Enter the percentage of financed properly used in a private 3a Has the organization or the governmental issuer Were any gross proceeds invested beyond an activity carried on by your organization, another section compliance of its tax-exempt bond fabilities? business use as a result of unreluted trade or business and procedures to ensure the post-issuance 501(k)(3) organization, or a state or local government 501(c)(3) organization or a state or local government Enter the percentage of financed properly used in a private business use by entities other than a section 4a Were gross proceeds invested in a GIC? Is the bond issue a variable rate issue? market value of the GIC satisfied? with respect to the band issue? available temporary period? private business use? the financed property? its books and records? Total of fines 4 and 5 b Name of provider b Name of provider c Term of hedge c Term of GIC USe? 4

SCHEDULE M (Form 990)

Department of the Treasury

Cars and other vehicles

Boats and planes

Intellectual property

Securities—Publicly traded

Securities—Closely held stock

Other > (MEDICAL EQUIPT)

Other ►(_____)

Other ►(

Securities-Partnership, LLC.

Internal Revenue Service

6

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26 27

28

NonCash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization Employer identification number BENEVOLENT HEALTHCARE FOUNDATION 84-1568566 Types of Property Part IX (a) (b) (c) (d) Check if Number of Contributions Revenues reported on Method of determining apolicable Form 990, Part VIII, line 1q. revenues Art-Works of art Art—Historical treasures 2 Art—Fractional interests Books and publications Clothing and household goods

or trust interests Securities—Miscellaneous Qualified conservation 13 contribution (historic structures) Qualified conservation contribution (other) Real estate—Residential 15 Real estate—Commercial 16 17 Real estate—Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24

46.813.949 MARKET VALUE

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

5000

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a 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. Complete this part to provide the information 32b, and 33. Also complete this part for any additional information.	1568566 Page 2 n required by Part I, lines 30b,
• • • • • • • • • • • • • • • • • • • •		
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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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.

CMB No. 1545-0047 2008 Open to Public Inspection

Internal Revenue Service Name of the organization

BENEVOLENT HEALTHCARE FOUNDATION

Employer Identification number

84-1568566 FORM 990 - ORGANIZATION'S MISSION MEDICAL PROFESSIONALS, HOSPICE, MEDICAL MANUFACTURERS AND WHOLESALE SUPPLIERS. THE DONATIONS ARE PROCESSED AND INVENTORIED AND DELIVERED TO DOCTORS AND NURSES TREATING THE SICK AND DYING IN THE DEVELOPING WORLD. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS DR JIM JACKSON DR DOUG JACKSON CEO FOUNDER SON/FATHER FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 AN ELECTRONIC COPY IS FORWARDED TO THE BOARD PRIOR TO FILING FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD ENFORCED FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL REVIEWED BY BOARD AS PART OF ANNUAL BUDGET PROCESS FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS REVIEWED BY BOARD AS PART OF ANNUAL BUDGET PROCESS

		Charles Representatives and the contraction	Special Ever	nts Schedule		
Form 990		Sportal Events contains				2008
		For calendar year 2008, or ta	x year beginning	6/01/08 , and end	ing 5/31/09	
lame	10.309.00				Employer Ide	entification Number
					0.0000000000000000000000000000000000000	<u> </u>
BENEVOI	ENT H	EALTHCARE FOUND	DATION		84-156	
		(A)	(B)	(C)	Others	Total
Gross receipts	٠.	89,776	81,798	19,696	0	191,270
Less contrib	utions		0	0	0	0
Gross revenue		89,776	81,798	19,696	0	191,270
Less direct	expenses	79,962	84,278	34,449	0	198,689
Net income (k	355)	9,814	-2,480	-14,753	0	-7,419
	(C) Others	OTHER SPECIAL	EVENTS			
				<u> </u>		
				· · ·		

Forms	Mort	gages and Oth	er Notes Payable	1	2008	
990 / 990-PF	For calendar year 2008, o	r tax vear beginning	6/01/08 , and ending	5/31/09	2008	
Name					ntification Number	
				04 156	25.00	
BENEVOLENT HE	ALTHCARE FOUND	ATION	84-1568566			
FORM 990, PAR	T X, LINE 23 -	ADDITIONAL	INFORMATION			
	Name of lender		Relationship t	to disqual fied perso	n	
(1) GUARANTY BA	NK AND TRUST					
(2)						
(3)			-			
(4)						
(6)						
(7)						
(8)					14 CH (10 CH) - 1 CH	
(9)				-		
(10)	SENDER HEADENS CONCERN	BEOGRAPHICA EN	I DESCRIPTION STATEMENT AND THE STATEMENT AND TH	eth seneseved	BYSTAN DENNY STANK	
Original amount	72.00.1000.000.000.000.000.000.000.000.00	Maturity	_		Interest	
barrowed (1) 1,179,00	Date of loan 0 2/02/05	2/02/10	Repayment terr	ms	7.500	
(1) 1,179,00 (2)	2/02/03	2/02/10			7.500	
(3)				***************************************	***	
(4)						
(5)						
(6)						
(7)						
(8)						
(10)						
NO ASSESSMENT OF SAME	\$10 W.2000 DESCRIPTION	NEW TOTAL CONTRACTOR	MALCANA SOCIETA A SOCIETA	FENSEWS SPELIE	Mark Rocks and	
	curity provided by barrower		Purpo	ose of loan		
(1)						
(3)						
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)						
NASSAGRAFIA TORONASE	TOTAL CONTRACTOR STREET			ANCONTESTICATIONS	Baser erre	
Consider	ation furnished by lender		Balance due at beginning of year 972,555	Ba	lance due at end of year	
(1)			972,555		940,666	
(2)					10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
(3)(4)						
(5)						
(6)				-2500 (1000) (1000) (1000)	Mb=== 0.200=====00	
(7)		AN 152-15 S-00-0-5				
(8)						
(9)						
(10) Totals			972,555		940,666	

90 10/02/20	009 2 25 PM	197						
Form	990		ax-Exempt Bond				2008	
For calendar year 2008, or tax year beginning				6/01/08 .:	and ending 5	/31/09	death at the Number	
Name						Employer	dentification Number	
BENEVOLENT HEALTHCARE FOUNDATION				84-1			568566	
FORM	490 PB	RT X, LINE 20 -	ADDITIONAL T	NEORMATTO	N			
FORM	330, EA	MI A, DINE 20	ADDITIONAL	MICHALIO	N			
		Name of lender			Purpose o	f issue		
(1) CO (2)	LORADO H	ELATH FACILITIE	S AUTHORITY		-			
(3)		No. 40 - 13004 No. 113083 1-043 1-043					-	
(4)								
(5)								
(6) (7)								
(6)								
(9)								
(10)	287542750852A	VALUE OF THE PROPERTY OF THE P	Charles and a section of concessarious has access	SWING CONTRACTOR	MISTER CHESTOS SOFTERS	20 C 2 No. 20 C 27 C 18	MONTHING BUT BUT WITH THE BO	
\$1124500000	SAN	JAIZ Z ROPOZNASZNIEGO OD	ESCHOLOTAPENDE POSTORIA DE LOS DE LA CONTRACTORIA D	B0804KGE087700 M1200	SAME NESTS	\$05000 NOV BOOK	A SCHOOLST VEGESS.	
Iss	sue date	Original amount of issue	Form 8038 filed: Y/N Date filed	Date retired		n date	Unexpended band proceeds	
(1) 2/	/15/08	7,905,000	N	2/15/2	8			
(2)								
(3) (4)								
(5)								
(6)					4			
(7)								
(B)								
(9) (10)								
COMME	es xeserves	WORLD TO BE SEED ASSESSED.	NEW STANSON OF THE STANSON	TO A TAX TRANSPORT	8429785717513	847556x84	Name of the state	
Th	aird party	Maturity		B			Interest	
(1)	percent	2/15/28		Repayment terms			7.375	
(2)		-//						
(3)								
(4)								
(5) (6)								
(7)								
(8)								
(9)								
(10)	NOTE THE REAL PROPERTY.	SEATS-FORWARD SINGS NO.		ACES AND CONTRACTOR	DANFORKS GOSSEN	3/3-5/40 T-4	BERTINEN FAMILIEREN STORY	
					Amount outstan	dina I a	mount outstanding	
		Security provided by bo	rrower		at beginning of y	rear	at end of year	
(1)					7,905,	000	7,905,000	
(2)								
(3) (4)								
(5)	= 555 - 5(00-89)/(100							
(6)								
(7)								
(8)								
(10)								
Totals					7,905,	000	7,905,000	