Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury

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

| B Check 1 spication. Andorous change Name change Name of organization Name change Name chan | A | For th | ne 2007 ca | alendar | year, or tax year beginning | | , 2007, and ending | | | , 20 | | | |
|--|----------|------------|--|---|---------------------------------------|------------------------------|--------------------|---------------------------|---------------------------------|--------------------------|--|--|--|
| Address change Section Sectio | В | Check if | applicable: | ICADIE. Lieuse of Marile of Organization | | | D Employ | ver identification number | | | | | |
| contributions intending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable functions contributions | | Address | change | | | | | | | | | | |
| Initiat return Initiat return Initiat return Initiate I | | Name c | hange | | | | | E Telephone number | | | | | |
| Termination | | Initial re | turn | See Seconfic | | | | (|) | | | | |
| Amended return Application pending * Section 501(c)(5) organizations and 4847(a)(1) nonexempt charitable H and I are not applicable to section 501(c)(5) organizations. H and I are not applicable to section 501(c)(6) organizations H and I are not applicable to section 501(c)(6) organizations H and I are not applicable to section 501(c)(6) organizations H and I are not applicable to section 501(c)(6) organization H and I are not applicable to section 501(c)(6) organization H and I are not applicable to section 501(c)(6) organization H and I are not applicable to section 501(c)(6) organization H and I are not applicable to section 501(c)(6) organization H and I are not applicable to section 501(c)(6) organization H and I are not applicable to the property organization H and I are not appli | | Termina | tion | on Instruc- City or town, state or country, and ZIP + 4 | | | | | | | | | |
| Website: Part Website: We | = | | ed return | | | | | | | | | | |
| Organization type (check only one) | Ш | Applicati | ion pending | | | | | | | | | | |
| Organization type (check only one) | G | Website | e: ▶ | | | | | H(b) If "Yes," | enter numb | er of affiliates ▶ | | | |
| K Check here ▶ | | | | | | | | 1 ' ' | | | | | |
| The component of the property of the component of the co | <u>J</u> | Organiz | zation type | (check o | nly one) ► 501(c) () < (ir | sert no.) 4947(a)(1) | or 527 | 1 ' | | , | | | |
| L Group Exemption Number ► M Check ► if the graphization is not required to attach Sch. 8 (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions.) 1 Contributions (in Signar) and similar amounts received: a Contributions to clonor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) 1 e Total (add lines 1a through 1d) (cash \$ _ noncash \$ _) 1e 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a Gross rents b Less: rental expenses. C Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. C Gain or (loss) (attach schedule). d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here loss or other than income or (loss) from special events. Subtract line 9b from line 9a 10a Gross revenue (not including \$ _ of _ contributions reported on line 1b). 11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1 6 a, 4, 4, 5, 6, 7, 8d, 9c, 10c, and 11 11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1 6 a, 4, 5, 6, 7, 8d, 9c, 10c, and 11 11 Other revenue (from Bat 4, column (B)) 15 Experiment and general (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 1 6 a and 44, column (A) 17 Total expenses. Add lines 1 6 and 44, column (B) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 Net assets or fund balances at beginning of year (from line 73, colum | K | | | | | | | organizat | separate retur ion covered b | y a group ruling? Yes No | | | |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) 1 | | | | | | uirea, but ii trie organizat | ion chooses | | | | | | |
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| contributions reported on line 1b) | | | • | | , | , | aming, cne | ck nere | J | | | | |
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| 17 Total expenses. Add lines 16 and 44, column (A) | Ó | 13 | Management and general (from line 44, column (C)) | | | | | | | | | | |
| 17 Total expenses. Add lines 16 and 44, column (A) | nse | 14 | | | | | | | | | | | |
| 17 Total expenses. Add lines 16 and 44, column (A) | xpe | 15 | Fundrais | rundraising (from line 44, column (D)) | | | | | | | | | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | Ш | _ | | | | | | | | | | | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | + | | | | | | | 10 | | | | |
| to the casets of fund balances at beginning of year (norm line 73, column (A)) | set | 10 | | • | • | | | | | | | | |
| 7 Of Net coats or find belongs at and finance Combine line 10 and 00 | t As | 20 | | | | | | | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 | Se | 21 | | | | | | | • | | | | |

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. **22a** Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____ 22a If this amount includes foreign grants, check here ightharpoonup22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ 22b If this amount includes foreign grants, check here $\triangleright \Box$ Specific assistance to individuals (attach 23 schedule) Benefits paid to or for members (attach 24 25a Compensation of current officers, directors. 25a key employees, etc. listed in Part V-A . . . **b** Compensation of former officers, directors, 25b key employees, etc. listed in Part V-B . . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c Salaries and wages of employees not included 26 on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c $\ \ \, . \ \ \, . \ \ \, . \ \ \, . \ \ \, . \ \ \, .$ 28 Employee benefits not included on lines 28 25a – 27 29 29 Payroll taxes 30 Professional fundraising fees 30 31 31 32 32 Legal fees 33 33 Supplies Telephone 34 34 35 35 Postage and shipping 36 36 37 Equipment rental and maintenance . . . 37 38 38 Printing and publications 39 39 40 40 Conferences, conventions, and meetings . . . 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a a 43b b 43c C 43d 43e e _____ 43f 43g g _____ Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13–15) . **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . \blacktriangleright \square Yes \square No If "Yes," enter (i) the aggregate amount of these joint costs \$____ __; (ii) the amount allocated to Program services \$____

(iii) the amount allocated to Management and general \$

; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| All o | nat is the organization's primary exempt purpose? ► organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|-------|--|--|
| а | | |
| b | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| С | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| d | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ | |

Form **990** (2007)

| Pa | rt IV | Balance Sheets (See the instructions.) | | |
|---|-------|---|--------|---------------------------|
| N | lote: | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. (A) Beginning of year | | (B) End of year |
| | 45 | Cash—non-interest-bearing | 45 | |
| | 46 | Savings and temporary cash investments | 46 | |
| | 70 | Cavings and temporary cash investments , , , , , , , , , , | | |
| | 470 | Accounts receivable 47a | | |
| | | Accounts receivable | 47c | |
| | D | Less: allowance for doubtful accounts . 47b | 470 | |
| | 40 | Pledges receivable 48a | | |
| | | Tiedges receivable | 40- | |
| | | Less. allowance for doubtful docounts ; | 48c | |
| | 49 | Grants receivable | 49 | |
| | 50a | Receivables from current and former officers, directors, trustees, and | 50- | |
| | | key employees (attach schedule) | 50a | |
| | b | Receivables from other disqualified persons (as defined under section | 501- | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 50b | |
| | 51a | Other notes and loans receivable (attach | | |
| ets | | schedule) | | |
| \ss | | Less: allowance for doubtful accounts . 51b | 51c | |
| 1 | 52 | Inventories for sale or use | 52 | |
| | 53 | Prepaid expenses and deferred charges | 53 | |
| | | Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV ☐ | 54a | |
| | b | Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV ☐ | 54b | |
| | 55a | Investments—land, buildings, and | | |
| | | equipment: basis | | |
| | b | Less: accumulated depreciation (attach | 55- | |
| | | schedule) | 55c | |
| | 56 | Investments—other (attach schedule) | 56 | |
| | | Land, buildings, and equipment: basis . 57a | | |
| | b | Less: accumulated depreciation (attach | 57. | |
| | | schedule) | 57c | |
| | 58 | Other assets, including program-related investments | 58 | |
| | 59 | (describe ► | 59 | |
| | | · · · · · · · · · · · · · · · · · · · | 60 | |
| | 60 | Accounts payable and accrued expenses | 61 | |
| | 61 | Grants payable | 62 | |
| G | 62 | Deferred revenue | 02 | |
| tie | 63 | Loans from officers, directors, trustees, and key employees (attach | 63 | |
| pill | 04- | schedule) | 64a | |
| Lia | | Tax-exempt bond liabilities (attach schedule) | 64b | |
| | 65 | Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶ | 65 | |
| | 05 | Other liabilities (describe > | + 55 + | |
| | 66 | Total liabilities. Add lines 60 through 65 | 66 | |
| | Oras | nizations that follow SFAS 117, check here ▶ □ and complete lines | | |
| " | Orga | 67 through 69 and lines 73 and 74. | | |
| Net Assets or Fund Balances Liabilities Assets Assets | 67 | Unrestricted | 67 | |
| | 68 | Temporarily restricted | 68 | |
| Ва | 69 | Permanently restricted | 69 | |
| pu | Orga | nizations that do not follow SFAS 117, check here ▶ □ and | | |
| Εď | 90 | complete lines 70 through 74. | | |
| o | 70 | Capital stock, trust principal, or current funds | 70 | |
| ts o | 71 | Paid-in or capital surplus, or land, building, and equipment fund . | 71 | |
| SSe | 72 | Retained earnings, endowment, accumulated income, or other funds | 72 | |
| Net As | 73 | Total net assets or fund balances. Add lines 67 through 69 or lines | | |
| | | 70 through 72. (Column (A) must equal line 19 and column (B) must | | |
| | | equal line 21) | 73 | |
| | 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73 | 74 | |

| Pa | rt IV-A Reconciliation of Revenue per Audinstructions.) | dited Financial Statem | ents With Rev | enue per | Return (| See the |
|---------|---|---|--------------------------------------|--------------------------------|------------------------------|--|
| a | Total revenue, gains, and other support per audi | | | | а | |
| b | Amounts included on line a but not on Part I, line | | b1 | | | |
| 1 | Net unrealized gains on investments | | b2 | - | | |
| 2 | Donated services and use of facilities | | b3 | - | | |
| 4 | Other (specify): | | | | | |
| • | | | b4 | | | |
| | Add lines b1 through b4 | | | | b | |
| С | Subtract line b from line a | | | | С | |
| d | Amounts included on Part I, line 12, but not on I | | | | | |
| 1 | Investment expenses not included on Part I, line | 6b | d1 | | | |
| 2 | Other (specify): | | | | | |
| | | | d2 | _ | | |
| _ | Add lines d1 and d2 | | | · · · • • | d | |
| e Pa | rt IV-B Reconciliation of Expenses per Au | | | | <u>e</u> ∣ er Returr | า |
| а | Total expenses and losses per audited financial | | | | а | - |
| b | Amounts included on line a but not on Part I, line | | | | | |
| 1 | Donated services and use of facilities | | b1 | | | |
| 2 | Prior year adjustments reported on Part I, line 20 |) | b2 | | | |
| 3 | Losses reported on Part I, line 20 | | b3 | | | |
| 4 | Other (specify): | | | | | |
| | | | b4 | _ | - | |
| | Add lines b1 through b4 | | | | b | |
| C | | | | | С | |
| d 1 | Amounts included on Part I, line 17, but not on I | | d1 | | | |
| 1 | Investment expenses not included on Part I, line Other (specify): | | | - | | |
| _ | Other (specify). | | d2 | | | |
| e | Add lines d1 and d2 | | | | d e | |
| | rt V-A Current Officers, Directors, Trustees | | | | | , director, trustee, |
| | or key employee at any time during the ye | ear even if they were not | compensated.) (S | ee the inst | ructions.) | , |
| | (A) Name and address | ear even if they were not (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter | (D) Contribution benefit plans | is to employee & deferred | (E) Expense account and other allowances |
| | | week devoted to position | -0) | Compensa | JUII PIAIIS | |
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business 75b relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for 75c If "Yes," attach a statement that includes the information described in the instructions, d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (if not paid, (D) Contributions to employee (E) Expense (B) Loans and Advances benefit plans & deferred account and other (A) Name and address enter -0-) compensation plans allowances Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 77 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 78a 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt 80a **b** If "Yes," enter the name of the organization ▶ and check whether it is U exempt **or** U nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . 81a b Did the organization file Form 1120-POL for this year?

Form 990 (2007)

Page 6

| Form | 990 (2007) | | P | age I |
|------|---|-----|-----|----------|
| Pai | rt VI Other Information (continued) | | Yes | No |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | | <u> </u> |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | |
| 85a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | 85a | | <u> </u> |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization | | | |
| | received a waiver for proxy tax owed for the prior year. | | | |
| | Dues, assessments, and similar amounts from members | | | |
| | Section 162(e) lobbying and political expenditures | | | |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) | - | | |
| | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | | |
| _ | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f | | | |
| | to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the | | | |
| | following tax year? | 85h | | |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a | - | | |
| b | Gross receipts, included on line 12, for public use of club facilities | - | | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a | - | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | _ | | |
| 88a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | | |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | | |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶ | | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | |
| | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ | | | |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ | | | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | | |
| | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | | |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | | |
| 90a | List the states with which a copy of this return is filed | | | |
| | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | | | |
| 91a | The books are in care of ► Located at ► ZIP + 4 ► | | | |
| b | 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)? If "Yes," enter the name of the foreign country | 91b | Yes | No |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | | |

Form 990 (2007) Page 8 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Amount Exclusion code Amount income 93 Program service revenue: а b C d е Medicare/Medicaid payments f Fees and contracts from government agencies Membership dues and assessments . . . 94 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property а not debt-financed property b 98 Net rental income or (loss) from personal property Other investment income 99 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a ____ b С d е Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation, (B) Percentage of ownership interest Fnd-of-year Nature of activities partnership, or disregarded entity assets % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).