## 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	d ending		, 20
Address change   Section   Sectio	В	Check if	applicable:						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		Number and street (or P.O. box in	f mail is not delivered to s	street address	s) Room/suite	E Teleph	one number
Termination		Initial re	turn	rn See					(	)
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: <b>▶</b>					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) ( ) <b>&lt;</b> (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 Hamagement 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
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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 ightharpoons22b 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 ▶ □ <b>Total of Program Service Expenses</b> (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>(B)</b> End of year
	45	Cash—non-interest-bearing	45	
	46	Savings and temporary cash investments	46	
	70	Cavings and temporary cash investments , , , , , , , , , ,		
	47-	Accounts receivable 47a		
		Accounts receivable	47c	
	D	Less: allowance for doubtful accounts . 47b	470	
		400		
		Pledges receivable	40-	
		Less: allowance for doubtful accounts . 48b	48c	
	49	Grants receivable	49	
	50a	Receivables from current and former officers, directors, trustees, and		
		key employees (attach schedule)	50a	
	b	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	50b	
	51a	Other notes and loans receivable (attach		
ets		schedule)	1	
Assets	b	Less: allowance for doubtful accounts . 51b	51c	
٨	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		
		schedule)	55c	
	56	Investments—other (attach schedule)	56	
	57a	Land, buildings, and equipment: basis . 57a		
	b	Less: accumulated depreciation (attach		
		schedule)	57c	
	58	Other assets, including program-related investments		
	<b>50</b>	(describe >)	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	59	
	60	Accounts payable and accrued expenses	60	
	61	Grants payable	61 62	
	62	Deferred revenue	62	
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach	62	
oili		schedule)	63 64a	
Lial		Tax-exempt bond liabilities (attach schedule)	64b	
_		Mortgages and other notes payable (attach schedule)	65	
	65	Other liabilities (describe ►)	05	
	66	Total liabilities. Add lines 60 through 65	66	
			100	
	Orga	nizations that follow SFAS 117, check here ► □ and complete lines 67 through 69 and lines 73 and 74.		
Ses	67	Unrestricted	67	
an	68	Temporarily restricted	68	
Bal	69	Permanently restricted	69	
р		nizations that do not follow SFAS 117, check here ▶ □ and		
Fun	Jiya	complete lines 70 through 74.		
or I	70	Capital stock, trust principal, or current funds	70	
ts (	71	Paid-in or capital surplus, or land, building, and equipment fund .	71	
se	72	Retained earnings, endowment, accumulated income, or other funds	72	
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines		
Net Assets or Fund Balances		70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b>		
		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 <b>b1</b> through <b>b4</b>				b	
С	Subtract line <b>b</b> from line <b>a</b>				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 <b>d1</b> and <b>d2</b>			· · · • •	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 <b>a</b> 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 <b>b1</b> through <b>b4</b>				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 <b>d1</b> and <b>d2</b>				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	
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				

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 <i>quid pro quo</i> contributions?	83b		
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, <b>do not</b> 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 <b>Form TD F 90-22.1</b> , 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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . Yes No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Part	Information Regarding is a controlling organizati			ntities. Com	plete only if the or	ganiz	ation	
106	Did the reporting organization mathe Code? If "Yes," complete the				otion 512(b)(13) of	Yes	No	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) Amount of			
a								
b		. <u>.</u> 						
С								
	Totals							
107	Did the reporting organization <b>re</b> 512(b)(13) of the Code? If "Yes,"					Yes	No	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of ansfer	(D) Amount of		er	
a								
b								
С								
	Totals							
108	Did the organization have a bind rents, royalties, and annuities de			, 2006, coveri	ng the interest,	Yes	No	
Pleas	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kand belief, it is true, correct, and complete.							
Sign Here	Signature of officer Date							
Paid	Type or print name and title  Preparer's		Date		Preparer's SSN or PTIN (	SSN or PTIN (See Gen. Inst. X)		
Prepare	er's signature Firm's name (or yours )			self- employed ▶ □	]			
Use Onl	if self-employed), address, and ZIP + 4 Phone no. ► ( )							