112000 1.20 AIVI Form

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

> X Yes Form **990** (2008)

For the 2008 calendar year, or tax year beginning 7/01/08 6/30/09 and ending Check if applicable: Please C Name of organization use IRS D Employer identification number Address change DISMAS INC label or Doing Business As Name change print or 23-7376100 type. Number and street (or P.O. box if mail is not delivered to street address) Initial return Room/suite See Telephone number 1513 16TH AVENUE Specific Termination 615-297-9287 City or town, state or country, and ZIP + 4 instruc-498,339 Amended return NASHVILLE G Gross receipts\$ TN 37212 F Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Tax-exempt status: X 501(c) If "No," attach a list. (see instructions) √ (insert no.) 4947(a)(1) or Website: ▶ WWW.DISMAS.ORG Type of organization: X Corporation Trust Association H(c) Group exemption number Year of formation: Part I M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: PROVIDES TRANSITIONAL HOURSING AND OTHER SERVICES FOR Activities & Governance PERSONS RELEASED FROM PRISON 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 4 Ō 6 Total number of volunteers (estimate if necessary) 15 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 500 b Net unrelated business taxable income from Form 990-T, line 34 ... 8 Contributions and grants (Part VIII, line 1h) **Current Year** Program service revenue (Part VIII, line 2g) 437,375 432,811 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 88,735 62,125 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,187 2,962 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,616 441 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 539,913 498,339 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 313,742 317,872 b Total fundraising expenses (Part IX, column (D), line 25) ► 56,338 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 279,759 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 223,783 593,501 541,655 19 Revenue less expenses. Subtract line 18 from line 12 5 -53,588 -43,316 Beginning of Year End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 401,397 390,306 22,989 55,214 22 Net assets or fund balances. Subtract line 21 from line 20 378,408 335,092 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature_of CEO Type or print name and title Paid Preparer's identifying number Check if selfsignature Preparer's 12/17/09 P00156471 employed EDMONDSON BETZLER & MONTGOMERY PLLC Firm's name (or yours Use Only EIN ▶ 26-2451997 if self-employed), CADILLAC DR STE 210 address, and ZIP + 4 BRENTWOOD, TN 37027 615-916-3100 May the IRS discuss this return with the preparer shown above? (see instructions)

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

POII	n 990 (2008) DISMAS INC.		2:	3-7376100	.
	Statement of Program	Service Acco	omplishments (see instru	ctions)	Page
1					
1	PROVIDES TRANSITIONAL PERSONS RELEASED FROM	HOURSIN	G AND OTHER SERV	ICES FOR	
Ŀ	PERSONS RELEASED FROM	PRISON			
	* *************************************				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2	Did the organization undertake any signif	ficant program se	rvices during the year which was	o political di	
	the prior Form 990 or 990-EZ?	, , , , , , , , , , , , , , , , , , , ,	The dailing the year willer were	a not listed on	
	If "Yes," describe these new services on	Schedule O	••••••		Yes X No
3	Did the organization cease conducting, or	r make significan	t changes in how it assets a		·····
	services?	· ····airo oig/iii/our/	tenanges in now it conducts, any	y program	
	services? If "Yes," describe these changes on Sche	edule O			Yes X No
4	Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) preprint	nts for each of the	a organizationia there i		
	Section 501(c)(3) and 501(c)(4) organizations to others, the total expenses	ions and section	4047(a)(1) trusts are largest pro-	gram services by expenses.	
	allocations to others, the total expenses, a	and revenue if a	4947(a)(1) trusts are required to	report the amount of grants and	
4a	(Code:)(Expenses \$ ROVIDES TRANSITIONAL ERSONS RELEASED FROM	101 110			
P	ROVIDES TRANSTITONAT	HOTTOTAG	including grants of \$) (Revenue \$	
P	ERSONS RELEASED FROM	HOUSTNG	AND OTHER SERVICE	ES FOR	*********
	THOM PROM	PRISON		***************************************	
	• • • • • • • • • • • • • • • • • • • •		*******		
	• • • • • • • • • • • • • • • • • • • •		***********		• • • • • • • • • • • • • • • • • • • •

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••	
	* *************************************				
	* ******************************			• • • • • • • • • • • • • • • • • • • •	
	* ***********				

b	(Code:) (Expenses \$		including groups of the		
	*******	• • • • • • • • • • • • • • • • • • • •	including grants of \$) (Revenue \$)
		• • • • • • • • • • • • • • • • • • • •	••••••	***************************************	
•		• • • • • • • • • • • • • • • • • • • •		<i>x</i>	
•		• • • • • • • • • • • • • • • • • •			
•				***************************************	• • • • • • • • • • • • • • • • • • • •
•			***********		
•			************	***************************************	

				•••••	• • • • • • • • • • • • • • • • • • • •

,				•••••	
· (Code:) (Expenses \$		including grants of th		
(Code:) (Expenses \$		including grants of \$) (Revenue \$)
(Code:) (Expenses \$		including grants of \$) (Revenue \$)
(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	Code:) (Expenses \$		including grants of \$) (Revenue \$)
. (Code:) (Expenses \$		including grants of \$) (Revenue \$)
	Code:) (Expenses \$		including grants of \$) (Revenue \$	
	Code:) (Expenses \$		including grants of \$) (Revenue \$	
	Code:) (Expenses \$		including grants of \$) (Revenue \$	
	Code:) (Expenses \$		including grants of \$) (Revenue \$	
· (· · · · · · · · · · · · · · · · · ·	Code:) (Expenses \$		including grants of \$) (Revenue \$	
	Code:) (Expenses \$		including grants of \$) (Revenue \$	
c (Code:) (Expenses \$		including grants of \$) (Revenue \$	
			including grants of \$) (Revenue \$	
· · · · · · · · · · · · · · · · · · ·	Other program services. (Describe in Sched	Jule O.)			
· (E	Other program services. (Describe in Sched		f \$) ((Revenue \$	

Pa	rt IV Checklist of Required Schedules	₁		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			·
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			i
	in the second se	6		X
	Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	1.4 O.4 1.4 D. D4.10	8		x
	complete Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			İ
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			37
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			ĺ
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.		
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts Fand III		 	
23		23		x
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	1
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	24-		x
	24b–24d and complete Schedule K. If "No," go to question 25.	24a	├	+
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	├	
C				
	to defease any tax-exempt bonds?	24c	 	ļ
d		24d	 	
25a			1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	and the second s			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		For	m 990	(2008)

	THE Checklist of Required Schedules (continued)	· · · · · · · · · · · · · · · · · · ·	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	<u> </u>	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			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
٠.	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Pa	nt V Statements Regarding Other IRS Filings and Tax Compliance				1	
					Yes	<u>No</u>
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a	0			
	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and rep			1		
C	to the Northead and the administration of the second			1c		X
•	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · · · · · · · · · · · · · · · ·		10		
2a		2a	15			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		····	2b	X	148818040000000000000000000000000000000
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			120		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv				
Ja	this return?			3a	100000000000	X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	• • • • • •		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin					
	account)?			4a		X
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 shelter transaction at any time during the tax year?		• • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
				6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than		_		х
				7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			76		
С	Did the organization sell, exchange, or otherwise dispose or langible personal property for which it was	15		7c		x
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	74		10		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p					
-	benefit contract?	0.001.0		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		*****************	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	nsoring				
	organization, have excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:	1 1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	- د د ا	1			
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	11b				
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form		}	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Secti	on A. Governing Body and Management				 -	Т	
				!		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe	e the					
	circumstances, processes, or changes in Schedule O. See instructions.		4.0				
1a	Enter the number of voting members of the governing body	1a	18				
h	Enter the number of voting members that are independent	1b	0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with				¥	v
	any other officer director trustee or key employee?				2		<u> </u>
2	Did the organization delegate control over management duties customarily performed by or under the	direct	:				v
	cupanision of officers, directors or trustees, or key employees to a management company or other p	erson :			3		$\frac{x}{x}$
4	Did the organization make any significant changes to its organizational documents since the prior Fol	rm 990	was filed?		4		$\frac{\Lambda}{X}$
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?			5		<u>-A</u>
6	Does the organization have members or stockholders?				6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	3				7.7
	of the governing hody?				7a		X
h.	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	ons?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken or	during					
8	the year by the following:						
_	The governing body?				8a		X
_	Each committee with authority to act on behalf of the governing body?				8b		X
b	Does the organization have local chapters, branches, or affiliates?				9a		X
9a	If "Yes," does the organization have written policies and procedures governing the activities of such or	chapte	rs,				
b	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b		<u> </u>
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All or			,			1
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	_			10	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	reache	d at	••••			
11	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		X
Sec	tion B. Policies					Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aiv	 e				
b		g			12b	X	
	rise to conflicts?	"Yes."					
Ç	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	, 00,			12c	1	X
	describe in Schedule O how this is done				13		X
13	Does the organization have a written whistleblower policy?				14	X	
14	Does the organization have a written document retention and destruction policy?	al by	• • • • • • • • • • • • • • • • • • • •				
15	Did the process for determining compensation of the following persons include a review and approve	ai by Ind doc	sicion:				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	inu usu	2131011.		15a		
а	The organization's CEO, Executive Director, or top management official?				15b	———	X
b	Other officers or key employees of the organization?			• • • • • • • • • •	102		
	Describe the process in Schedule O. (see instructions)						
16a		ement			16a		X
	with a taxable entity during the year?				100		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	and .				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to s	aregua	aro		161		
	the organization's exempt status with respect to such arrangements?		<u> </u>	.,,,,,,,,,,,	1 101	<u>' i</u>	
Se	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
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	, confli	ct of interest				
, 5	policy, and financial statements available to the public.						
20	Chata the name physical address, and telephone number of the person who possesses the books	and re	cords of the	_			
ک ت	organization: ► DISMAS INC. 1513 16TH	MARIE	1011 10011	፤ نەخر	5-2	Ö.7	751
1	VASHVILLE	TN	37212	61			
					F	orm 99	JU (20

Form 990 (2008) DISMAS INC

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- 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) (B) Name and Title Average		tion (ch	(C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title Average hours per week				employee Kev employee		compensation 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
JOHN A. GUPTON III PRESIDENT	x		x			0	0	0
TOM TURNER	<u>A</u> .		1	\vdash	+		<u> </u>	:
VICE PRES	X.		x			0	0	0
ALBERT AUSTIN TREASURER	x		x			o	0	0
MISSY ACOSTA SECRETARY	x		x			O	0	0
JEB BEASLEY		 		\top	†			
BOARD MEMBER	X					0	· 0	0
STACEY CASON BOARD MEMBER	x					0	0	0
ANNE CLAYTON			十	\top	1			-
BOARD MEMBER	X		_			. 0	0	0
MIKE HALL BOARD MEMBER	x					0	0	0
DIANE HAYES BOARD MEMBER	x					0	0	0
TIM LEGRAND BOARD MEMBER	x					0	0	0
MICHAEL LEWIS BOARD MEMBER	x					0	0	0
DANIEL J. OLPHIE III BOARD MEMBER						0	0	0
CYNTHIA PRICE BOARD MEMBER	x					0	0	0
GINA SCOTT BOARD MEMBER	x					0	0	_
BILL COLEMAN CEO	A		x	\top		66,000		
			43			00,000		

Form 990 (2008) DISMAS INC. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) (E) (F) Position (check all that apply) Reportable Reportable Estimated Name and title Average hours per compensation compensation amount of Institutional trustee Key employee dividual trustee director from from related other week organizations the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations 66,000 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the 2 organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated X employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person ... Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A)
Name and business address (B) Description of services Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization Form 990 (2008) DAA

23-7376100 Page 9 Form 990 (2008) DISMAS INC. Statement of Revenue (D) Revenue (B) Related or (A) Total revenue Unrelated excluded from tax exempt business under sections 512, 513, or 514 revenue revenue 1a 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 103,500 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 329,311 g Noncash contributions included in lines 1a-1f: \$ 432,811 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 62,125 62,125 PROGRAM FEES f All other program service revenue 62,125 g Total. Add lines 2a-2f ... Investment income (including dividends, interest, and 2,962 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ... (i) Real (ii) Personal 6a Gross Rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue MISCELLANEOUS INCOME

498,339

62,125

3,403

All other revenue

e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

9c, 10c, and 11e

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).

	All other organizations must co		re not required to comple	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising expenses
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	ехрепаев
	Grants and other assistance to governments and			100 m	
	organizations in the U.S. See Part IV, line 21			200	
	Grants and other assistance to individuals in	ļ			14 (1) 4
	the U.S. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	77,321	3,866	54,125	19,330
6	Compensation not included above, to disqualified				
ь	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	218,979	203,544	5,135	10,300
- 8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	21,572	15,101	4,314	2,157
11	Fees for services (non-employees):				
a	Management				
b	Legal				
	Accounting	7,500	3,676	3,824	
ď	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	0.060	7 000	1,772	
17	Travel	8,862	7,090	1,112	
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20,388	20,200	188	
22	Depreciation, depletion, and amortization	20,366	20,200	1 200	<u>'</u>
23	Insurance				
	0.0			10	
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.				
		34,159	34,159)	
a		33,930			
b b	FUNDRAISING	24,551			24,551
d		18,386		3	
e	**************************************	16,991		3,398	
f		59,016		8,12	
25				80,87	56,338
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	5			
	fundraising solicitation				
					Form 990 (2008)

DISMAS 12/17/2009 7:20 AM Form 990 (2008) **DISMAS INC.** Part X Balance Sheet

						(A)				В)	
	1	Cash—non-interest bearing				Beginning of year	<u> </u>			of yea	
	2					133,190	 			L22	, 85
	3	Savings and temporary cash investments		• • • • • • • • • • • • • • • • • • • •	• • • • •		2	<u>- </u>	·········		
	4	Pledges and grants receivable, net	• • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · ·	0.000	3	 			
	5	Accounts receivable, net Receivables from current and former officers, directors, t				3,369	4	<u> </u>		12	,73
	"	employees, or other related parties. Complete Part II of S	rustees	s, key							
	6	Receivables from other disqualified persons (as defined it	cneau	ile L			5				
	"	4059(f)(1)) and paragraph described in particular to the control of the control o	under s	section							
		4958(f)(1)) and persons described in section 4958(c)(3)(E		•				11.2			
rn.	7	Part II of Schedule L					6				
Assets		Notes and loans receivable, net	· · · · · ·				7				
SS	8	inventories for sale of use					8				
⋖	9	Prepaid expenses and deferred charges				4,518	9			3,	26
	10a	Land, buildings, and equipment: cost basis	10a	614,	965						
	b	Less: accumulated depreciation. Complete				197					
		Part VI of Schedule D	10b	363,	514	260,320	10c		2	51,	45
	11	Investments—publicly traded securities		• • • • • • • • • • • • • • • • • • • •			11				
	12	Investments—other securities. See Part IV, line 11					12	1			
	13	investments—program-related. See Part IV, line 11			• • • •		13				
	14	intangible assets					14	 			
	15	Other assets. See Part IV, line 11					15	 			
	16	10tar dosets: 7 dd lines 1 tillough 15 (must equal line 34)				401,397	16	 	3	90,	304
	17	Accounts payable and accrued expenses				2,942	17	 			214
	18	Grants payable					18	 		, د	214
	19	Deferred revenue		•••••••	• • • • •				·		
	20						19	 			
es	21	Escrow account liability. Complete Part IV of Schedule D	• • • • • •	• • • • • • • • • • • • • • • • • • • •			20			·	
Liabilities	22	Payables to current and former officers, directors, trustees			21						
ap		employees, highest compensated employees, and disqua	lified		j						
		persons Complete Port II of Cabadula I			ı				,		
	23	Secured mortgages and notes payable to unrelated third p	ortice	•••••	• • • • •		22				
	24						23				
	25	Other liabilities. Complete Part X of Schedule D	• • • • • •		• • • • •	00 04=	24				
	26	Total liabilities. Add lines 17 through 25	• • • • • •	• • • • • • • • • • • • • • • • • • • •	}	20,047	25			<u>50,</u>	
S	-=	Organizations that follow SFAS 117, check here ► X	<u></u>	 		22,989	26	And the best of the	500 Security Section 100 Se	<u>55,</u>	214
ances		complete lines 27 through 29, and lines 33 and 34.	and								
a		I proofficial materials									
33		Tomoroughlenesters				375,408	27		3:	34,	662
5		Temporarily restricted net assets				3,000	28				430
Assets or Fund B	23	Permanently restricted net assets Organizations that do not follow SFAS 117, check here	· · · · · · · · · · ·		<u> </u>		29				
ᆫ		organizations that do not follow SFAS 117, check here									
0		and complete lines 30 through 34.									
ets	30	Capital stock or trust principal, or current funds				·	30				
SS	31	Paid-in or capital surplus, or land, building, or equipment fu	und				31				
4	32	Retained earnings, endowment, accumulated income, or o	ther fu	inds	L		32				
	33	otal net assets or fund balances			-	378,408	33		3:	35,	092
NAMES OF THE PARTY	34	Total liabilities and net assets/fund balances				401,397	34				306
Pa	rt X	Financial Statements and Reporting									
										Yes	No
1		ounting method used to prepare the Form 990: Cas		Accrual	Ott	her .					
2a	Wer	e the organization's financial statements compiled or review	wed by	an independent a	ccount	ant?			2a		X
b	Wer	e the organization's financial statements audited by an inde	epende	ent accountant?		***************************************			2b	x	
C	If "Y	es" to lines 2a or 2b, does the organization have a commit	tee tha	it assumes respons	 sibilitv	for oversight of	• • • • •	• • • • •			
	the	audit, review, or compilation of its financial statements and	selec	tion of an independ	lent ac	nan internto			2c	x	
3а	As a	result of a federal award, was the organization required to	under	go an audit or audi	ts as s	set forth in	• • • •		20	-21	
	the s	Single Audit Act and OMB Circular A-133?							30		x
b	If "Y	es," did the organization undergo the required audit or aud	its?				• • • •	• • • • •	3a 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 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

23-7376100 DISMAS INC.

F	πı	Keas	on for Public Charity	Status (All organizations	s must c	omplet	e ms	part.) (see ii	istruct	ions)		
he c	rgar	nization is not	a private foundation because	se it is: (Please check only one	organizati	on.)							
1	Ш	A church, cor	nvention of churches, or ass	sociation of churches described	in section	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170(b)(1)(A)(i	ii). (Atta	ch Sche	dule H.	.)			
4		A medical res	search organization operate	d in conjunction with a hospital	described	in sectio	n 170(b)	(1)(A)(ii	i). Ente	r the hos	spital's nam	ie,	
		city, and state	e:										
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a go	overnme	ntal uni	descri	bed in			
		section 170(b)(1)(A)(iv). (Complete Part	II.)									
6	П			overnmental unit described in s	ection 17	0(b)(1)(A)(v).						
7	X	An organizati	on that normally receives a	substantial part of its support from	om a gove	rnmental	unit or f	rom the	genera	l public			
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)					_	·			
8	П			170(b)(1)(A)(vi). (Complete Part	: 11.)								
9	П	An organizati	ion that normally receives: (1) more than 33 1/3 % of its sup	port from	contributi	ons, me	mbersh	ip fees,	and gro	ss		
				npt functions—subject to certain					•	-			
				nd unrelated business taxable ir	-		•						
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Complet	te Part III.	.)						
10	П	An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50	9(a)(4).	(see ins	truction	ns)			-
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	· 3			
		purposes of o	one or more publicly support	ted organizations described in s	ection 509	a)(1) or	section :	509(a)(2). See :	section			
		509(a)(3). Ch	eck the box that describes t	the type of supporting organizati	ion and co	mplete lir	nes 11e	through	11h.				
		a Type	b Type II	c Type III-Function	ally Integr	ated	d	Тур	e III-Ot	her			
е		By checking	this box, I certify that the org	ganization is not controlled direc	tly or indir	ectly by c	ne or m	ore disq	ualified				
		persons othe	r than foundation managers	and other than one or more pul	blicly supp	orted org	anizatio	ns desc	ribed in	section			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II, o	or Type I	III suppo	rting				
		organization,	check this box			•			•				
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	e						
•		following per		, , ,		Ť							
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ns descr	ibed in (i	ii)				Yes	No
		and (iii)	below, the governing body o	of the supported organization?	•		,	•			11g(
			member of a person descril								11g(
				described in (i) or (ii) above?							11g(
h		Provide the	following information about t	the organizations the organization	on support					• • • • • • • •			
/1) !	dome	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o		(v) Did v	ou notify	(vi) I	s the	(vii) A	mount o	٠
י ניו		anization	(ii) Liiv	(described on lines 1–9	in col. (i) lis		. , .		organizat			pport	<i>,</i>
				above or IRC section	governing	document?		of your		zed in the			
				(see instructions))	V	N.		ort?	Yes	S.?			
					Yes	No	Yes	No	res	No			
					 				 -				
					1								
					<u> </u>								
						1							
					 				<u> </u>				
				,									
					+				 	 -			
											,		
Coto													

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 2,125,697 451,361 423.569 include any "unusual grants.") 391,936 429,136 429,695 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 1-3 429,695 451,361 423,569 2,125,697 391,936 429,136 4 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) 2,125,697 Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2008 (f) Total (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006423,569 Amounts from line 4 2,125,697 391,936 429,136 429,695 451,361 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 16,999 5,720 6,558 2,837 1,425 459 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 13,128 3.669 6,682 6,616 30,536 (Explain in Part IV.) 2,173,232 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 431,600 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 6, column (f) divided by line 11, column (f)) 14 97.8127 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 97.7886 15 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	edule A (Form 990 of 990-EZ) 2008 DI				2:	3-7376100	Page :
P	art III Support Schedule for C	rganizations	Described in S	Section 509(a)	(2)		
	(Complete only if you ch	ecked the box	on line 9 of P	art I.)			
	ction A. Public Support	1					
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					·	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						· · · · · · · · · · · · · · · · · · ·
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				100000		
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(4) 2007	(-) 2000	/D T-1-1
9	Amounts from line 6	(4) 200 .	(2) 2000	(6) 2000	(d) 2007	(e) 2008	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	·	·		-		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax vea	r as a section 501	(c)(3)	·
	organization, check this box and stop her					····	▶ □
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2008 (line 8	. column (f) divide	d by line 13, colum	n (f))		15	%
16	Public support percentage from 2007 Sch	edule A. Part IV-A	. line 27a		• • • • • • • • • • • • • • • • • • • •	16	
	tion D. Computation of Investme	nt Income Pe	rcentage			10	. %
17	Investment income percentage for 2008 (I			column (f))		17	0/.
18	Investment income percentage from 2007	Schedule A. Part	V-A line 27h	,		18	<u>%</u> %
19a	33 1/3 % support tests—2008. If the orga	nization did not ch	eck the box on line	a 14 and line 15 is	more than 33 1/2	% and line	
	17 is not more than 33 1/3 %, check this b	ox and ston here	The organization	nualifies as a nubli	cly supported oraș	70, and line anization	▶ □
b	33 1/3 % support tests—2007. If the orga	nization did not ch	neck a box on line	14 or line 19a and	line 16 is more th	an 33 1/3% and	ا
	line 18 is not more than 33 1/3 %, check t	his box and ston h	ere. The organiza	tion qualifies as a r	oublicly supported	organization	▶ □
20	Private foundation. If the organization did						· · · · · · · · · · · · · · · · · · ·

Schedule A ((Form 990 or 99	0-EZ) 2008	DISMA	S INC.	· · · · · · · · · · · · · · · · · · ·				23-737	5100	Page 4
Part IV	Supplem Part II, lin	<mark>ental Info</mark> <u>le 17a or</u>	ormation.(17b; or Pa	Complete t <u>rt III, line 1</u>	his part to 2. Provide	provide any oth	the explan	ation requiation	ired by Da	nt II, line 10; nstructions)	
							· · · · · · · · · · · · · · · · · · ·		1.5	nou aouono,	<u> </u>
PART	II, LINE	10 -	OTHER	INCOME	DETAII						
MISCE	LLANEOUS	}			ė		30 534	•			
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				.			
• • • • • • • • • • • • • • • • • • • •											
										••••	• • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •								• • • • • • • • • • • • • • • • • • • •	
••••••	• • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • •	••••••			
			• • • • • • • • • • • • • •								
											• • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •		• • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
	• • • • • • • • • • • • • • • • • • • •	*********		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •		••••	• • • • • • • • • • • • • • • • • • • •		
										************	,
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •			••••••			• • • • • • • • • • • • • • • • • • • •			
			•••••								
			***********			• • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
			• • • • • • • • • • • • • • • • • • • •								,
••••••••••••••••••••••••••••••••••••••			• • • • • • • • • • • • • • • • • • • •	•••••		*********	• • • • • • • • • • • • • • • • • • • •		,		
			*********						• • • • • • • • • • • • • • • • • • • •		
				,				• • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••••
	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · ·									
***********		• • • • • • • • • • • •	***********	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • •			
									************	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
* * * * * * * * * * * * * * * * * * * *							•				
				• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •								• • • • • • • • • • • • • • • • • • • •		
											*
• • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •											
					,,,,,,,,,,,,	,	• • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		********								
•											
	• • • • • • • • • • • • • • • • •		••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •		••••••	• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		••••••	,							
											• • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				,			
• • • • • • • • • • • • • • • • • • • •											
					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • • • •				• • • • • • • • • •
					·	·					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2008

Open to Public inspection

-	TOVA C. TUC	·	⊏mploy	er identification i	number
September 1	DISMAS INC.		23-7	376100	
F	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	unds or Other Similar Funds or A	ccoun	ts. Complete	e if
	the organization answered Tes to Form 990,	raitiv, line b.		<u>'</u>	
1	Total number at end of year	(a) Donor advised funds	(b)	Funds and other	accounts
2	Aggregate contributions to (during year)				
3	Aggregate contributions to (during year)				
4	Aggregate grants from (during year) Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing the				
	funds are the organization's property subject to the organizations are	at the assets held in donor advised		 	r
6	funds are the organization's property, subject to the organization's exc Did the organization inform all grantees, donors, and donor advisors in	clusive legal control?		Yes	∐ No
	used only for charitable purposes and not for the benefit of the donor of	writing that grant funds may be			
	impermissible private honofits			r	r
P	art II Conservation Easements. Complete if the org	anization annuored "Vee" to F		Yes	No
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)	1 990, I	art IV, line	7
	Preservation of land for public use (e.g., recreation or pleasure)				
	Protection of natural habitat	Preservation of an historically important	ortant lar	nd area	
	Preservation of open space	Preservation of certified historic st	ructure	•	
2	Complete lines 2a-2d if the organization held a qualified conservation	contribution in the form of a concentration			
	on the last day of the tax year.	sommoduon in the form of a conservation ea	asement		
				II-labata at a pro-	1
а	The state of the s			Held at the End	of the Year
b	Total acreage restricted by conservation easements		2a 2b		
С	of definition casements on a certified historic structure inci	lilided in (a)			
d	Transport of control easements included in (c) acquired after 8/17/	706	2c 2d		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	D during		
	the taxable year		ar dunng		
4	Number of states where property subject to conservation easement is I	located ►			
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, violations, and			
	emorcement of the conservation easements it holds?			Yes	П
6	of volunteer nours devoted to monitoring, inspecting, and enforcing	O easements during the uses		Li res	∐ No
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e	easements during the year			
8	boos each conservation easement reported on line 2(d) above satisfy t	he requirements of section			
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes	No
9	mir dit 70 v, describe flow the digarification reports conservation easemi	ente in ite revenue and among statement		L. 165	NO
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that des	cribes		
-	are organization's according for conservation easements.				
Ра	organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar A	ssets.	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.			
	New Control of the Co				
та	If the organization elected, as permitted under SFAS 116, not to report at historical treasures, or other circiles accepted.	in its revenue statement and balance sheet	works of	f	
	art, historical treasures, or other similar assets neid for public exhibition	, education, or research in furtherance of nu	ıblic serv	rice,	
	provide, in Part XIV, the text of the footnote to its financial statements the	nat describes these items.			
h	If the organization elected as a second state of the second state				
U	If the organization elected, as permitted under SFAS 116, to report in its	s revenue statement and balance sheet wor	ks of art,		
	Thistorical treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public	service,		
	provide the following amounts relating to these items:		•		
	(i) Revenues included in Form 990, Part VIII, line 1		🕨	\$	
2	(ii) Assets included in Form 990, Part X		_	\$ <u> </u>	
2	The organization received of field works of art, historical treasures, or o	other similar assets for financial dain, provid	le the		
	rollowing amounts required to be reported under SFAS 116 relating to the	nese items			
a h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	********************************	🕨	\$	
b	Assets included in Form 990, Part X		🕨 :	\$	

Sch	edule D (Form 990) 2008 DISMAS IN				23-7376	100		Page 2					
P	artIII Organizations Maintaining	g Collections of Art,	Historical Trea	sures, c	or Other Sim	ilar Ass	ets (contin	nued)					
3	Using the organization's accession and othe items (check all that apply):	r records, check any of the	e following that are a	a significan	t use of its colle	ction							
а	Public exhibition	d Loan	or exchange progra	ms									
b	Scholarly research	e Other		1110									
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explain how	they further the orga	anization's	exempt purpose	e in							
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	r receive donations of art, be be maintained as part of	historical treasures,	or other s	imilar		Yes	No					
Pa	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not												
							Yes	Пи					
b	If "Yes," explain the arrangement in Part XIV	and complete the following	o table:	• • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	res	∐ No					
			9 122.21				Amoun	t					
С	Beginning balance	•••••				1c	74110411						
d	*****************	******************	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	1d							
е	Distributions during the year	ditions during the year 1d 1d 1te											
f	Ending balance					1f							
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?	••••••		• • • • • • • • • • • • • • • • • • • •	<u> </u>	Yes	No					
b	if "Yes," explain the arrangement in Part XIV.	·						□ N0					
Pa	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.												
		(a) Current year	(b) Prior year			hree years b	· · · · · · · · · · · · · · · · · · ·	years back					
1a	Beginning of year balance												
b	Contributions				5								
C	Investment earnings or losses							200					
d	Grants or scholarships												
е	Other expenditures for facilities	•											
	and programs							ales i					
f	Administrative expenses				4.0								
g	End of year balance												
2	Provide the estimated percentage of the year	end balance held as:											
а	Board designated or quasi-endowment	%											
b	Permanent endowment												
	Term endowment ▶ %												
3a	Are there endowment funds not in the posses	ssion of the organization th	nat are held and adm	ninistered f	or the		_						
	organization by:							Yes No					
	(i) unrelated organizations						3a(i)						
a	100 to oa(ii), are the related organizations	i listed as required off Scri	edule R?			• • • • • • • • •	3b						
4	Describe in Part XIV the intended uses of the	organization's endowmer	it funds.										
	it VI Investments—Land, Build Description of investment												
		(a) Cost or other basis (investment)	(b) Cost or other	l l	(c) Depreciati	on	(d) Book	value					
1a	Land		44	,200			4	4,200					
b	Buildings												
	Leasehold improvements												
	Equipment												
	Other		570	,765	363	,514		7,251					
ı otal	. Add lines 1a–1e. (Column (d) should equal F	orm 990, Part X, column (B), line 10(c).)			▶		1,451					

Part VII Investments—Other Securities See Form 90		23-7376100 Page :
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
And the same same same same same same same sam		
The case was been provided and the control of the case		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 99	Dort V. Una 40	
(a) Description of investment type		
(a) Description of threstine it type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
	· ·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.	!	
(a) Description		
(u) Description		(b) Book value
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		
		>
otal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		>
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25	i. (b) Amount	▶
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes LINE OF CREDIT	(b) Amount	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Tederal income taxes	(b) Amount 50,000	

Obconsent	equie D (Form 990) 2008 DISMAS INC.	23-73761	00	Page 4
11.000	Reconciliation of Change in Net Assets from Form 990 to	Financial Statements	***************************************	1 490
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	498,339
2	Total expenses (Forni 330, Fart IX, Column (A), IINE 25)		1 0 1	541,655
3	Excess of (denote) for the year. Subtract line 2 from line 1		1 ~ 1	-43,316
4	rectanicalized gains (losses) of lifestiffelits		4	
5	Total Total Good Graduated		5	
6	***************************************		6	
7	Filor period adjustments		7	
8	Other (Describe III Part XIV)		8	
9	rotal adjustments (net). Add tiles 4-0	· ·	9	
10	Excess of (denote) for the year per infancial statements. Combine lines 3 and 9		10	-43,316
Pa	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per De	eturn	10/010
1	Total revenue, gains, and other support per audited financial statements		T 1 T	498,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
D	Donated services and use of facilities	2h	1	
C	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIV)	2d	-	
е	Add lines 2a through 2d		-	
3	Subtract line 2e from line 1 Amounts included on Form 990 Part VIII line 12 but not as line 4.	*************************	2e	400 220
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	J	3	498,339
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b	40		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	• • • • • • • • • • • • • • • • • • • •	4c	400.000
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	onto Mith Essentia	5	498,339
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on 5 and 200 B. (1) (1)	ents with Expenses per i	Return	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••	1	541,655
а	Donated services and use of facilities			
b		2a		
	Losses reported on Form 990, Part IX, line 25	2b		
ď	Other (Describe in Part XIV)	2c		
e	Other (Describe in Part XIV)	2d		
3	Add lines 2a through 2d		2e	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	qq	3	541,655
•	Allounds included on Form 990, Fait IA, line 25, but not on line 1:			
h	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	4a		
	Add lines to and the	_4b		
	Add lines 4a and 4b		4c	
Da	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	-	5	541,655
	t XIV Supplemental Information			
omp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, lines 4, and 9; Part IIII, lin	nes 1a and 4; Part IV, lines 1b		
nd 2	o; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b.		
		-		
		- Contract Street, product games princips pagette contract		
		·		

Sched Par	ule D	(Fo	rm 9	90)	2008	B	DI	SM	AS	I	NC	<u>:</u>													2	3-7	37	610	00						Pag	ie 5
Par	t XI	/	Su	ppl	em	ent	al I	nfo	rma	atio	n (cont	inue	d)																						
																																			,	
					_	_				_				·				-							_		_					_				
							_				_				-			-	_	_			******							-						
							_				_		_																						-	
																					_						_		_			_				-
											_													_		_								_	_	
																					~															
					_	-				_								*****					_							-						
									_			_			_	_					_													_	_	
					_																	_							_							
																													- ,		_	_		_		
					-								_			-	_							 ,						_			_			_
													-		_							_				_				_			_		_	_
												_			_																					
																						_														
							_									_	-					_									-					
																		_																		
					_					_								_				-				_			_							_
							_		********											************			_	-					_					-		
										_	_		_				_											-								
																																			_	_
		_				_		_			_			-	_			_											_							
								-			_					_	_				_					 ;			_							
											_							_			_															
																						_		_												_
		_			·····			_	_					_				_		_																
				,																					*											
	-				_												_					_				– ·						_				
		•						_		_								_				-		_	_					_						
							_							_						_			-								_					
		_		_				_	,			_					_						_		_	 .							-			
				_	******				*******												_				—											
					_	_																														
																					-			_												
			_		_			~~~			_									_											_					_
		_								_						*********		-							_	 .					_				 .	
								-								_								_	_											
												-	-	_					_		_															

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Employer identification number Name of the organization 23-7376100 DISMAS INC PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION FORM 990, PART VI, LINE 8A - DOCUMENTATION BY GOVERNING BODY EXPLANATION MINUTES ARE MAINTAINED FOR ALL BOARD OF DIRECTORS MEETINGS. FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE COMMITTEE MEETINGS DO NOT MAINTAIN MINUTES FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FILED THE FORM 990 IS REVIEWED AND APPROVED BY CEO BEFORE IS GOVERNING BODY DOES NOT REVIEW THE FORM 990 UNTIL AFTER IT HAS FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION OF THE CEO. COMMITTEE EVALUATES AND APPROVES