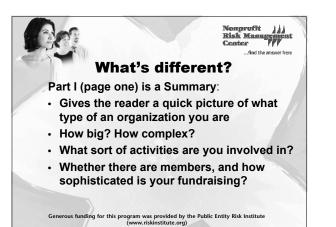


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	INDIVIDUALS BUSINESSES CHARITIES &	NON-PROFITS GOVERNM	ENT ENTITIES TAX PROFESSIONALS RETIREMENT PLANS COMMUNITY TAX EXEMPT BOND	COMMUNITY
	Charitable Orns   Churches ar	A Religious Orgs 1	Contributors   Other Non-Profits   Political Orgs   Private Foundation	
	Charities & Non-Profits Topics Life Cycle Search for Charities Published Guidance		ign for Tax Year 2008 (Filed in 2009) (Forms and Highlights as <u>EO Forms and Publications</u> for forms for tax year 2007 (filed in	<i>*</i>
	<ul> <li>EO Newsletter</li> </ul>	Form	Highlights	
	<ul> <li>EO Tax Law Training</li> <li>Abusive Transactions</li> </ul>	Form 990-EZ	Short Form Return of Organization Exempt from Income Tax	
	Calendar of Events	Form 990 Core*	Return of Organization Exempt from Income Tax	
	<ul> <li>Exempt Organizations FAQs</li> </ul>	Schedule A	Public Charity Status and Public Support	
	More Topics	Schedule B	Schedule of Contributors	
		Schedule C	Political Campaign and Lobbying Activities	
		Schedule D	Supplemental Financial Statements	
	IRS Resources	Schedule E	Schools	
	<ul> <li>Compliance &amp; Enforcement</li> </ul>	Schedule F	Statement of Activities Outside the United States	
	<ul> <li>Contact My Local Office</li> </ul>	Schedule F-1	Continuation Sheet for Schedule F	
		Schedule G	Supplemental Information Regarding Fundraising or Gaming Addition	
	<u>e-file</u> <u>Forms and Publications</u>	SCREDUIE G		
	Forms and Publications     Frequently Asked Questions	Schedule G	Hospitals	
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	Forms and Publications     Frequently Asked Questions     News	Schedule H	Hospitals Supplemental Information on Grants and Other Assistance to	

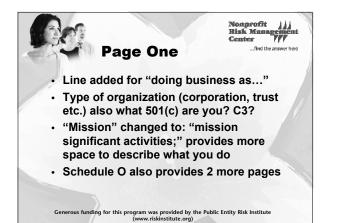




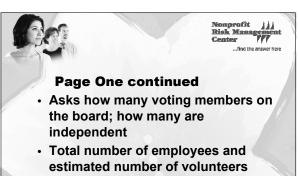


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rtment of the Treasury tal Revenue Service (77		benefit trust ne organization may have to use a cop	or private foundation	) .		Open to I Inspect
For the 2008 cal	lendar y	ear, or tax year beginning	, 2008, a	and ending	_	, 20
		C Name of organization			D Employer identit	lication number
	use IRS label or	Doing Business As				
	print or type. See	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numb	er
ermination	Specific Instruc- tions.	City or town, state or country, and ZIP +	4		G Enter gross receipts	\$
Amended return	F Nam	and address of Principal Officer:			H(a) is this a group return for affiliates? H(b) Are all affiliates included?	
Tax-exempt status: Website: ►	<u>∏</u> 5I	I1(c) ( )◀ (insert no.)	or 527			a list. (See instruc
Type of organization:	Corpor	tion 🗌 trust 🗌 association 🗌 Other 🕨	1 Year	of Formation		of legal domicile:
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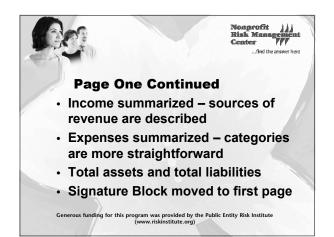


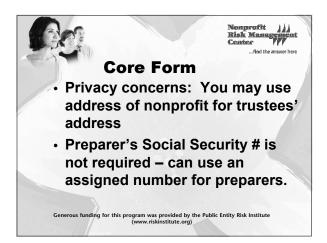


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Setter the number of voting members of the governing body (Part VI, line 1- 4 Enter the number of independent voting members of the governing body (6- 5 Enter the total number of employees (Part V, line 2a). 6 Enter the total number of volunteers (stiftnafe if necessary) 7a Enter total grass unrelated business revenue from Part VIII, line 12, column b Enter net unrelated business taxable income from Form 900-T, line 34.	Part VI, line 1b) 4 . 5 . 6 . . (C)	
Controlutions and graphs (Part VIII, line 1h)     Program service revenue (Part VIII, line 2g)     Program service revenue (Part VIII, line 2g)     To Investment income (Part VIII, lines 5, ed, and 7d)     Total revenue add lines a through 11 (must equal Part VIII, line 12, column (A)	Prior Year	Current
<ul> <li>Grants and similar amounts paid (Part K, lines 1-3, column (A))</li> <li>Grants and similar amounts paid (Part K, line 4, column (A))</li> <li>Salaries, other compensation, employee benefits (Part K, lines 5-0, column (A))</li> <li>Gar Portessional fundraising expenses (Part K, line 11e, column (A))</li> <li>Infer amount from Part K, line 25, column (D)</li> <li>O ther exponses (Part K, lines 11d, 117-241),</li> </ul>	· ·	
<ol> <li>Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)).</li> <li>Revenue less expenses—line 12 minus line 18</li> </ol>		End of
20 Total assets (Part X, line 16)         21 Total liabilities (Part X, line 26)         22 Net assets or fund balances, line 20 minus line 21		



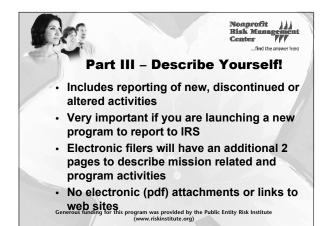
Report total of unrelated business
 revenue and taxable income
Generous funding for this program was provided by the Public Entity Risk Institute
 (www.riskinstitute.org)



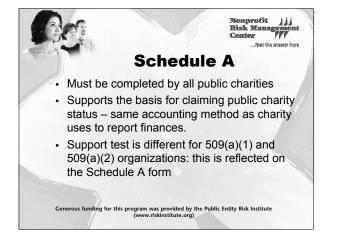


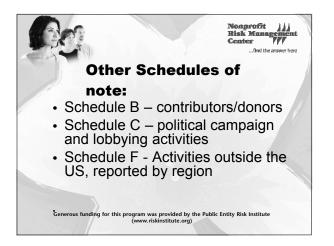
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n 990 (2008)					
art III Stat	ement of Program Service	Accomplishments (Se	ee the instruction	s.)	
Briefly desc	ribe the organization's mission	on:			
	····· ··· ··· ··· ··· ··· ··· ··· ···				
	anization undertake any signi			nich were not listed on	
	rm 990 or 990-EZ?				Yes
If "Yes," des	scribe these new services on	Schedule O.			
Did the orga services?	anization cease conducting o	r make significant chang	es in how it cond	ucts any program	Yes
If "Yes," des	scribe these changes on Sch	edule O.			
Section 501	e exempt purpose achieveme (c)(3) and (4) organizations a total expenses, and revenue,	nd 4947(a)(1) trusts are n	equired to report t	the amount of grants a	
(Code:	) (Expenses \$	including grants	of \$	) (Revenue \$	
		$\sim$			
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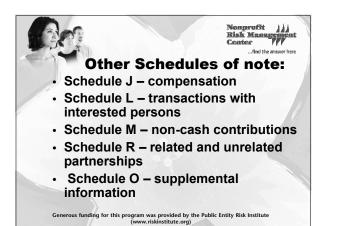


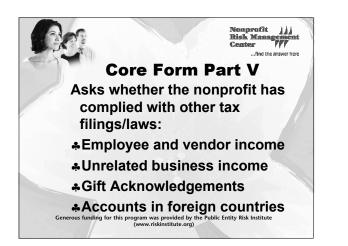


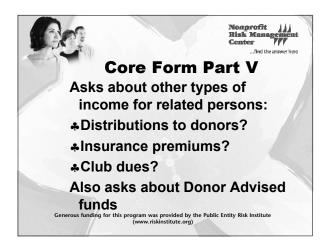
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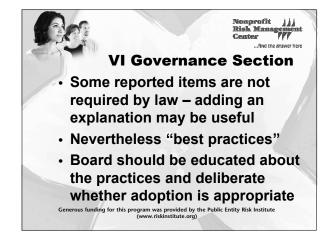


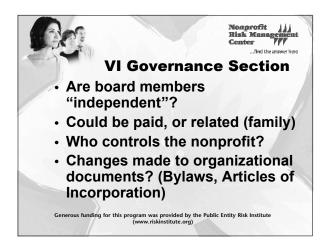


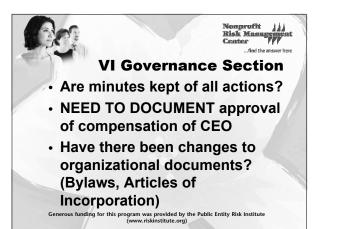


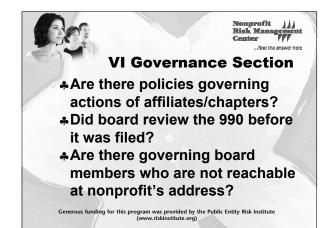


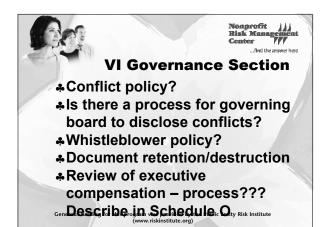
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rt VI Governance, Management, and Disclosure (Sections A, B, and C request information a	bout po
required by the Internal Revenue Code.)	
ction A. Governing Body and Management	
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the	
circumstances, process, or changes in Schedule O. See instructions.	
Enter the number of voting members of the governing body	
Enter the number of voting members that are independent	
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1
any other officer, director, trustee, or key employee?	. 2
Did the organization delegate control over management duties customarily performed by or under the direct	
supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4
Did the organization become aware during the year of a material diversion of the organization's assets?	5
Does the organization have members or stockholders?	. 6
Does the organization have members, stockholders, or other persons who may elect one or more members	
of the governing body?	. 7a
Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b
Did the organization contemporaneously document the meetings held or written actions undertaken during	1
the year by the following:	
the governing body?	. 8a
each committee with authority to act on behalf of the governing body?	. 8b
Does the organization have local chapters, branches, or affiliates?	. 9a
If "Yes," does the organization have written nolicies and procedures governing the activities of such chapters	













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rt VII Compensation of Officers, Directors, Trustees, Key Employ Employees, and Independent Contractors	ees, Highest	Compensated	1
tion A Officers, Directors, Trustees, Key Employees, and Highest Comp	pensated Empl	loyees	
Complete this table for all persons required to be listed. Use Schedule J-2 if a	dditional space	is needed.	
st all of the organization's <b>current</b> officers, directors, trustees (whether individuals mount of compensation. Enter -0- in columns (D), (E), and (F) if no compensati		s) and key employ	/ees reg
st the organization's five current highest compensated employees (other than o received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form anization and any related organizations.	n an officer, din n 1099-MISC) c	ector, trustee or of more than \$10	key em 00,000 fi
st all of the organization's <b>former</b> officers, key employees, or highest compensate eportable compensation from the organization and any related organizations.	d employees w	ho received mor	e than \$
st all of the organization's former directors or trustees that received, in the anization, more than \$10,000 of reportable compensation from the organization			
persons in the following order: individual trustees or directors; institution npensated employees; and former such persons.			loyees;
Check this box if the organization did not compensate any officer, director, true	stee or key emp	oloyee.	
(A) Name and Title (A) Average (C) Average	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estin amou oti comper from organ and re organi



