



## 2008 990 CLIENT ORGANIZER

I have submitted this information for the sole purpose of preparation of the exempt organization's tax return.  
This information is true, correct, and complete to the best of my knowledge.

Organization Name:	
Organization Representative Name:	
Title:	
Contact info (email or phone #):	
Date Completed:	

**SECTION I--GENERAL INFORMATION**

- 1. Organization Name: 0
  
- 2. Name of Principal Officer: \_\_\_\_\_  
*The principal officer is the top management official for the organization.*
  
- Address of Principal Officer: \_\_\_\_\_  
*If same as management address, please indicate.*
  
- 3. Website address of the organization (N/A if no website): \_\_\_\_\_
  
- 4. Year of formation of the organization: \_\_\_\_\_
  
- 5. State of Legal Domicile: \_\_\_\_\_
  
- 6. The books are in the care of:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Telephone Number (xxx-xxx-xxxx, Ext. xxx) \_\_\_\_\_
  
- 7. Enter the total number of volunteers (estimate if necessary) providing services during the year: \_\_\_\_\_
  
- 8. Enter the total numbers of employees of the organization: \_\_\_\_\_

## SECTION II--ORGANIZATION INFORMATION

	YES	NO	N/A
<b>Program Service Information</b>			
1. Did the organization undertake any new program services during the year that were not listed on the prior year tax return? If yes, fill out required explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px;"></div>			
2. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If yes, fill out required explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px;"></div>			
<b>Information Regarding Required Supplemental Schedules</b>			
3. Did the organization engage in any direct or indirect political activities or lobbying activities? If yes, fill out required explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px;"></div>			
4. Did the organization maintain any donor-advised funds or any accounts where the donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If yes, answer the following two questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did the organization inform all donors and donor advisors in writing that the assets held in donor-advised funds are the organization's property, subject to the organization's exclusive legal control?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor and/or donor advisor?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the organization receive or hold a conservation easement, including easements to preserve open spaces, the environment, historic land areas, or historic structures? If yes, please complete questions on <i>Conservation Easements</i> tab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Conservation Easements</a>			
6. Did the organization maintain collections of works of art, historical treasures, or other similar assets for public exhibition, education, or research in furtherance of public service rather than financial gain? If yes, please complete questions on <i>Collections of Art, Historical Treasures, or Other Similar Assets</i> tab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Collections of Art</a>			
7. Did the organization provide credit counseling services, debt management, credit repair, or debt negotiation services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the organization hold assets in term, permanent, or quasi-endowments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Did the organization conduct any business outside of the United States? If yes, please describe the activities, program services, grantmaking, or fundraising, and answer the two questions below.

*Did the organization have more than \$10,000 of aggregate revenue or expense from business outside the U.S.?*

*Did the organization report more than \$5,000 of grants or assistance to any organization, entity, or individual located outside the U.S.?*

10. Did the organization report more than \$15,000 in professional fundraising expenses?

11. Did the organization report more than \$15,000 in revenue from fund-raising events or gaming activities?

12. Did the organization have any tax-exempt bonds of greater than \$100,000 outstanding at any time during the year that were issued after Dec. 31, 2002? If yes, complete *Tax-Exempt Bonds* tab.

[Tax-Exempt Bonds](#)

**Organization Affiliations**

13. At any time during the year, did the organization own 100% of any entity disregarded as separate from the organization? If yes, please complete the *Affiliations* tab.

[Affiliations](#)

14. Is the organization related to any tax-exempt or taxable entity? If yes, complete the *Affiliations* tab.

[Affiliations](#)

15. Did the organization conduct more than 5% of its exempt activities through an entity that is not a related organization and that is taxed as a partnership? If so, complete the *Affiliations* tab.

[Affiliations](#)

**Information Return Filing**

16. Select the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable.

*Enter the number of Forms W-2G included in the number above.*

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17. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming winnings to prize winners?

18. Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.

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19. If the organization has employees, did it file all required federal employment tax returns?

**Foreign Account Information**

20. 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?

**Tax Shelter Transactions**

21. Was the organization party to a prohibited tax shelter transaction at any time during the tax year?

22. Did any taxable party notify the organization that it was or is party to a prohibited tax shelter transaction?

**Contributions Received**

23. Did the organization solicit any contributions that were not tax deductible?

*If so, did the organization include with every solicitation an express statement that such contributions/gifts were not tax deductible?*

24. Did the organization provide goods or services in exchange for any contribution of \$75 or more?

*If so, did the organization notify the donor the value of the goods or services contributed?*

25. Did the organization sell, exchange, or otherwise dispose of tangible personal property that was contributed to the organization within the last 3 years?

*If so, was Form 8282 filed?*

*If so, how many were filed during the tax year?* \_\_\_\_\_

26. Did the organization, during the year, receive or pay any funds, directly or indirectly, to pay premiums on a personal benefit contract?

27. Were any unusual non-cash contributions received? If so, please describe.

## SECTION III--MANAGEMENT &amp; GOVERNANCE DISCLOSURE

- |  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Please complete the <i>Board and Key Persons</i> tab, or provide a separate document with <b>all</b> the required information as shown on the Board and Key Persons tab.<br><a href="#">Board and Key Persons</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the organization engage in an excess benefit transaction with a disqualified person during the year?<br><i>An <b>excess benefit transaction</b> is defined as a transaction between the organization and a disqualified person in which the economic benefit received was greater than the consideration given, including services. A <b>disqualified person</b> is anyone who was in a position to exercise substantial influence over the affairs of the organization at any time during a 5 year period.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was a loan to or by a current or former officer, director, trustee, key employee, highly-compensated employee, or disqualified person outstanding at the end of the year? If yes, please complete the <i>Transactions with Interested Persons</i> tab.<br><a href="#">Transaction w Interested Persons</a>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does management or the Project owner understand its responsibility for establishing and monitoring programs and controls to address fraud and other risks that affect financial reporting?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the organization provide a grant or other assistance to a current or former officer, director, trustee, key employee, or highly-compensated employee? If so, please complete the <i>Transactions with Interested Persons</i> tab.<br><a href="#">Transaction w Interested Persons</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did any officer, director, trustee, or key employee have a direct or indirect business relationship with any organization owned by more than 35% (directly or indirectly) by any other officer, director, trustee, or key employee?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did any officer, director, trustee, or key employee have a business relationship (other than as an officer, director, trustee, or employee) with your organization directly or indirectly through a family member? If so, please describe.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did any officer, director, trustee, or key employee serve as an officer, director, trustee, key employee, partner, or member (LLC) of an entity that is doing business with your organization? If so, please describe.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did any officer, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee? If so, please describe the relationship and individual names.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did any officer, director, trustee, or key employee have a business relationship with any other officer, director, trustee, or key employee? If so, please describe.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? If so, please describe.

12. Did the organization make any significant changes to its organizing and/or governing documents in the last year (i.e. Operating/Partnership Agreement, Management Agreement, etc.)? If so, please describe the changes.

13. Did the organization become aware of a material diversion of the organization's assets? If so, please describe.

14. Does the organization have members or stockholders? If yes, description is required below.

*May the members or stockholders elect one of more members of the governing body? If so, please describe.*

15. Are any decisions of the governing body subject to approval by members, stockholders, or other persons? If yes, please describe.

16. Does the organization contemporaneously document the meetings of the governing body and related committees through the preparation of minutes or other similar documentation (including committees with authority to act on behalf of the Board)? If NO, please explain the reason.

17. Does the organization have local chapters, branches, or affiliates?

*If so, are there written policies and procedures to govern their activities to ensure their operations are consistent with the organization's? If not, please explain why not.*

18. Was a copy of the Form 990 provided to the organization's governing body before it was filed? If yes, please describe the process the organization uses to review Form 990.

19. Does the organization have a written conflict of interest policy? If so, please provide a copy, and answer the two questions below.

*A **conflict of interest** arises when a person in a position of authority over an organization, such as an officer, director, or manager, may benefit financially from a decision he or she could make in such capacity.*

If so, are officers, directors, trustees, and key employees required to disclose annually any interests that could give rise to conflicts?

Does the organization regularly and consistently monitor and enforce compliance with the policy? If so, please describe the process below.

[Empty text box]

20. Does the organization have a written whistleblower policy? If yes, please provide a copy.

21. Does the organization have a written document retention and destruction policy? If yes, please provide a copy.

22. Does the organization have a process in place to approve the compensation of the CEO, executive director, or top management official?

If so, did it include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Please describe the process.

[Empty text box]

23. Does the organization have a process in place to approve the compensation of the organization's officers or key employees?

If so, did it include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Please describe the process.

[Empty text box]

24. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

If so, does the organization have a written policy or procedure to evaluate the participation in joint venture arrangements under Federal tax law? Had the organization taken steps to safeguard the organization's exempt status with respect to such arrangements?

Own website      Other website      Upon Request

25. How does the organization makes its tax filings (1023 and 990 or 990-T) available for public inspection--own website, another's website, or upon request?

26. Please describe whether (and if so, how) the organization makes it's governing documents, conflict of interest policy, and financial statements available to the public.

[Empty text box]

27. Enter the total number of voting members of the governing body: \_\_\_\_\_

28. Enter the number of members of the governing body that are independent. Independent members do not receive compensation greater than \$10,000/year as an officer, employee, or independent contractor of this organization or a related organization. \_\_\_\_\_







**0**

**Independent Contractors**

Please list the **top five highest paid independent contractors** that received more than \$100,000 of compensation from the organization.

If no contractors received compensation of greater than \$100,000 or this is not applicable, please indicate by filling in "N/A" in the top line of the table.

Name	Business Address	Description of Services Provided	Compensation

Compensation Information

Please complete all the following questions if the organization has had:

Any current officer, director, trustee, or key employee who received \$100,000 from this organization or a related organization
Any former officer or key employee who received greater than \$100,000 of compensation
Any former director or trustee who received more than \$10,000 in reportable compensation from the organization or any related organization.

Did the organization provide any of the following (Yes/No):

- First-class or charter travel?
Travel for companions?
Tax indemnification and gross-up payments?
Discretionary spending account?
Housing allowance or residence for personal use?
Payments for business use of personal residence?
Health or social club dues or initiation fees?
Personal services (e.g. maid, chauffeur, chef)?

If the organization provided any of the above items, does the organization have and follow a written policy regarding payment or reimbursement or provision for those expenses?

Does the organization require substantiation (receipts, reports, etc) prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director?

Which of the following does the organization use to establish the compensation of the organization's CEO/Executive Director?

- Compensation Committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

For any of the people defined at the top, did they:

- Receive a severance payment from, or change of control payment?
Participate in, or receive payment from, a supplemental nonqualified retirement plan?
Participate in, or receive payment from, an equity-based compensation arrangement?

Did the organization pay or accrue any compensation contingent on the revenues or net earnings of the organization?

If yes, describe the arrangement: [Empty box for description]

Did the organization pay or accrue any compensation contingent on the revenues or net earnings of any related organization?

If yes, describe the arrangement: [Empty box for description]

Were any other non-fixed payment arrangements made for the individuals listed at the top?

Were any amounts paid or accrued pursuant to an excess benefit contract (compensation greater than services performed)?

**0**  
**Supplemental Financial Statements**  
**For use in Explaining Conservation Easements**

State the purpose of the conservation easement:

- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of Natural habitat       | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space          |  |

Total number of conservation easements: \_\_\_\_\_

Total acreage subject to conservation easements: \_\_\_\_\_

Number of historic easements on a certified historic structure \_\_\_\_\_

Number of historic easements on a certified historic structure acquired after 8/17/06 \_\_\_\_\_

Number of conservation easements modified, transferred, released, or terminated by the organization during the taxable year: \_\_\_\_\_

Number of states in which the organization holds a conservation easement: \_\_\_\_\_

Does the organization have a written policy regarding the periodic monitoring, inspection, and enforcement of the conservation easements it holds?

\_\_\_\_\_

Staff or volunteer hours devoted to monitoring or enforcing easements during the year: \_\_\_\_\_

Amount of expenses incurred in monitoring or enforcing easements during the year: \_\_\_\_\_

**0**

*Schedule D (990)*

**Supplemental Financial Statements**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Using the organization's accession and other records, check any of the following that are a significant use of its collection items:

- |  |  |
|--|--|
| <input type="checkbox"/> Public exhibition                   | <input type="checkbox"/> Loan or exchange programs |
| <input type="checkbox"/> Scholarly research                  | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Preservation for future generations |  |

Provide a description of the organization's collections and explain how they further the organization's exempt purpose:

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \_\_\_\_\_

**0**

**Related Organizations and Unrelated Partnerships**

*Schedule R (990)*

Attach additional pages if necessary.

**I) Identify Disregarded Entities**

*A disregarded entity is an entity wholly-owned by the organization that is not a separate entity for Federal tax purposes.*

	Entity A	Entity B	Entity C
Name			
Address			
EIN			
Primary Activity			
Legal Domicile (State or Foreign Country)			
Total Income			
End of year Assets			
Direct Controlling Entity			

**II) Identify Related Tax-Exempt Organizations**

*A related organization is one that stands in one or more of the following relationships to the filing organization: Parent, Subsidiary, Brother/Sister,*

*Supporting, or Supported organization.*

	Entity A	Entity B	Entity C
Name			
Address			
EIN			
Primary Activity			
Legal Domicile (State or Foreign Country)			
Exempt Code Section			
Public Charity Status (if a 501(c)(3))			
Direct Controlling Entity			

**Related Organizations and Unrelated Partnerships**

*Schedule R (990)*

**III) Identify Related Organizations Taxable as Partnerships**

*A related organization is one that stands in one or more of the following relationships to the filing organization: Parent, Subsidiary, Brother/Sister, Supporting, or Supported organization.*

	Entity A	Entity B	Entity C
Name			
Address			
EIN			
Primary Activity			
Legal Domicile (State or Foreign Country)			
Direct Controlling Entity			
Predominant income (related, investment, unrelated)			
Share of Total income (Profit/loss percentage)			
Share of end-of-the-year assets (Capital percentage)			
Are there disproportionate allocations?			
Amount of Unrelated Business Income reported on the K-1? (Box 20, of Sch. K-1 - Form 1065)			
Is there a General or Managing Partner?			

**IV) Identify Related Organizations Taxable as a Corporation or Trust**

*A related organization is one that stands in one or more of the following relationships to the filing organization: Parent, Subsidiary, Brother/Sister, Supporting, or Supported organization.*

	Entity A	Entity B	Entity C
Name			
Address			
EIN			
Primary Activity			
Legal Domicile (State or Foreign Country)			
Direct Controlling Entity			
Type of Entity (C Corp, S Corp., or trust)			
Share of Total income			
Share of Total income			
Share of end-of-the-year assets			
Percentage Ownership			

**Related Organizations and Unrelated Partnerships**

*Schedule R (990)*

**V) Did the organization engage in any of the following transactions with one or more related organizations listed above?**

**If so, please explain in space designated below:**

- Receipt of interest, annuities, royalties or rent from a controlled entity? \_\_\_\_\_
- Gift, grant of capital contribution to another organization \_\_\_\_\_
- Gift, grant of capital contribution from another organization \_\_\_\_\_
- Loans or loan guarantees to or for another organization \_\_\_\_\_
- Loans or loan guarantees by another organization \_\_\_\_\_
- Sale of assets to other organizations \_\_\_\_\_
- Purchase of assets from another organization \_\_\_\_\_
- Exchange of assets \_\_\_\_\_
- Lease of facilities, equipment or other assets to other organization \_\_\_\_\_
- Lease of facilities, equipment or other assets from other organization \_\_\_\_\_
- Performance of services or membership or fundraising solicitations for other organizations \_\_\_\_\_
- Performance of services or membership or fundraising solicitations by other organizations \_\_\_\_\_
- Sharing of facilities, equipment, mailing lists or other assets \_\_\_\_\_
- Sharing of paid employees \_\_\_\_\_
- Reimbursement paid to other organization for expenses \_\_\_\_\_
- Reimbursement paid by other organization for expenses \_\_\_\_\_
- Other transfer of cash or property to other organization \_\_\_\_\_
- Other transfer of cash or property from other organization \_\_\_\_\_

**Related Organizations and Unrelated Partnerships**

*Schedule R (990)*

**VI) Unrelated Organizations Taxable as Partnerships**

Please provide the following for each entity taxed as a partnership through which the organization conducted more than 5% of its activities - measured by total assets or gross revenue

	Entity A	Entity B	Entity C
Name			
Address			
EIN			
Primary Activity			
Legal Domicile (state or foreign country)			
Are all partners 501(C)(3) organizations?			
Share of end-of-year assets			
Are there disproportionate allocations?			
Amount of unrelated business income (Box 20 of Sch K-1)			
Is there a General or managing partner?			



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**Supplemental Information on Tax Exempt Bonds**

Form 990

Attach additional pages if necessary.

For all bond issues:

	Issue A	Issue B	Issue C
Issuer Name			
Issuer EIN			
CUSIP #			
Date issued			
Issue Price			
Description of Purpose			
Is the bond defeased?			
Were they placed in service on behalf of the issuer?			
Total Proceeds of Issue			
Gross Proceeds in Reserve Funds			
Proceeds in refunding or defeasance escrows			
Other Unspent Proceeds			
Issuance Costs from Proceeds			
Working Capital Expenditures from Proceeds			
Capital Expenditures from Proceeds			
Year of Substantial Completion			
Were the bonds issued as part of a current refunding issue?			
Were the bonds issued as part of an advance refunding issue?			
Has the final allocation of proceeds been made?			
Does the organization maintain adequate books and records to support the final allocation of proceeds?			

	YES	NO	N/A
1. Did the organization invest any net proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the organization maintain an escrow account other than an advance refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the organization a partner in a partnership, or a member of an LLC, which owned property that was financed by tax-exempt bonds? If so, complete the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did the organization enter into a management contract for the financed property?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Did the organization enter into a research agreement for the financed property?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a Form 8308-T been filed with respect to the bond issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the bond issue a variable rate issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the organization or the governmental issuer identified a hedge with respect to the bond issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the issue qualify for an exception to rebate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>