

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 Form

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

•	benefit trust or private foundation)
Department of the Treasury	
Internal Revenue Service	The organization may have to use a copy of this return to satisfy state reporting requirements.

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

Open to Public Inspection

A F	or th	ne 2008 calend	dar year, o	or tax year beginning		, 2008, a	nd end	ing ·			, 20	
		if applicable	Please	C Name of organization THE	JEROME BETTIS "	BSH FOUNDATIO	N"	_) Employer	identification no.
	ddre	s change	use IRS label or	Doing Business As							38-3378	049
□ N	lame (:hange	print or	Number and street (or P O b	oox if mail is not delivered to	street address)		Room	/suite	E	Telephone	number
	nitial r	eturn	type. See	15700 W 10 MILE	RD				102		(313)37	8-3339
$\overline{}$	ermin	atlon	Specific Instruc-	City or town, state or countr	y, and ZIP + 4					G	Gross rece	eipts \$
$\bar{\sqcap}$	menc	ed return	tions.	SOUTHFIELD, MI 4	-							160,525
	pplica	ation pending	F Name	and address of principal officer	GLADYS BETTIS							
			1760	0 FAIRWAY DR, DET	ROIT, MI 48221			H(a)	is this a g affiliates?	roup re	turn for [Yes 🛚 No
ı T	ax-ex	empt status	X 501(c)(3) ◀ (insert no)	4947(a)(1) or 527			Н(b)	Are all aff	iliates i	ncluded? [Yes No
J	Vebsi	te: ► WWW	.THEBU	S36.COM				H(c)	Group exe	tach a ii emptior	ncluded? ist (see instr number >	uctions)
KT	уре о	f organization 🛚	Corporation	on Trust Association	Other >	L Year of forma	tion 199	7	M State	of legal	domicile 1	MI
Pai	11	Summar	у									
	1	Briefly descr	be the or	ganization's mission or mos	st significant activities	IMPROVING	QUAL	ITY	OF LIE	e Po	OR UNDE	RPRIVILEGE
_		YOUTH AG	ES 5 T	0 17								
e G												
io												
V е i г	2	Check this b	oox ▶ 🔲 (f the organization discontin	ued its operations or dis	sposed of more that	n 25% o	f its a	ssets			
ţ 'n	3			mbers of the governing bod						3		4
e n	4	Number of I	ndepende	nt voting members of the g	joverning body (Part VI,	, lıne 1b)				4		3
S C	5			oyees (Part V, line 2a)						5		1
& Č	6			iteers (estimate if necessary						6		5
				business revenue from Par						7a		0
2		Net unrelate	d busines	s taxable income from Forr	n 990-T, line 34	· · · · · · · · · · · · · · · · · · ·				7Ь		0
ゴ _R						7		Pri	or Year		Curre	ent Year
9 e	8	Contribution	s and gra	nts (Part VIII, line 1h)	RECEIVEU.		•		165	,696		3,730
⇒Ÿ	9	Program service revenue (Part VIII, line 29)										0
2 n 1 u 7 e	10	Investment i	ncome (P	art VIII, column (A), liñes 3,	4 27d 78 2009.		· • <u> </u>					0
J e	10 Investment income (Part VIII, column (A), Ines 5, 4 and 7d), 2009 100, 2009 1100 110 110 110 110 110 110 110 110											100,738
—	12					, line 12)	· •		165,696			104,468
<u>1</u>	13	Grants and	sımılar am	ounts paid (Part IX, colum		<u></u>	· •					0
E E	14			members (Part IX, column						_		0
ζ×	15									,928		45,437
֝֝֝֟֝֓֓֓֓֟֝֟֝֟֝֟֟֝֟֟֟֟				ng fees (Part IX, column (A)					70	,031	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
n s			_	enses (Part IX, column (D), I		2,272	_					
e	17	•		IX, column (A), lines 11a-1			_		35	,784		89,234
•	18	-		lines 13-17 (must equal Pa			_			,743		134,671
	19	Revenue les	s expense	es Subtract line 18 from lin	ne 12					,953		(30,203)
Net							В	eginn	ing of Y		End	of Year
Asset	20	Total assets		•			· •		204	,168		148,380
Fund Bal-	21	Total liabilitie		•			· ·					0
ances				lances Subtract line 21 fro	m line 20		•		204	,168	l	148,380
Pa	<u>rt II</u>			K ıry, i declare tha x i have examine	dika anima tankadian anna		detatomo		d to the h		n, knowlodae	
		and belief, ji	ties of perju tis true, co <u>r</u> i	rect, and complete. Declaration of	of preparer (other than office	er) is based on all inform	nation of v	which p	oreparer h	as any k	nowledge	,
		$ \cdot $. \mathcal{C}	1/2	hatta						1	15/10	5/19
Sigi	า		ure of office	e felles						Dat	10/10	701
										Out		
Her	е		IA BET	TIS, EXECUTIVE DIF	RECTOR							
		 	L Print name	P A /	 	Date	Check if		Prena	rer's ide	entifying num	
.		Preparer's	/	1 /3/2do)		self-		(see in	struction	P0046	 52787
Paid		signature	<u> </u>		<u> </u>	2-15-2009	employed		<u> </u>		10040	,2,0,
Prep Use		Firm's name (or yayars									34251	
J3E	Villy.	if self-emple address, and		P. O. Box 423								
	41. **			Detroit, MI 482			l P	none n	o ►313	-965		OS VINS
_				th the preparer shown abo			• • • •	<u>· · · · </u>				es 🛛 No
ror i	riva	cy Act and Pa	perwork i	Reduction Act Notice, see	tne separate instructi	ions.				EEA	Foi	rm 990 (2008)

orm	n 990 (2008) THE JEROME BETTIS "BSH FOUNDATION"	38-3378049	Page 2
Par	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission	•	
-	IMPROVING QUALITY OF LIFE FOR UNDERPRIVILEGED YOUTH AGES 5 TO 17.		
	IMMOVING GORDIII OI DIID ION ONDERNITIELEDED IOUI NODE O IO IV		
	Dutation and the control of the cont		 ·
2	Did the organization undertake any significant program services during the year which were not listed on	□ v	E Na
	the prior Form 990 or 990-EZ?	\square res	K NO
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 26,799 including grants of \$ 26,799) (Revenue	\$)
-	THE JEROME BETTIS MENTORSHIP PROGRAM IS A COMPREHENSIVE SERVICE PROGRAM THAT		
	PROFESSIONAL AND EMOTIONAL SUPPORT SYSTEMS FOR OVERBURDENED AND UNDERPRIVILE		CITY
	YOUTHS AGES 5 TO 17.	7022 21111211	
	TOUTHS AGES 5 TO 17.	·	
			
			
4b	(Code) (Expenses \$ 37,708 including grants of \$ 37,708) (Revenue	\$)
	THE JEROME BETTIS CARING FOR KIDS PROGRAM PROVIDE A SAFE AND SUPPORTIVE ENVIO	RNMENT FOR	Ļ
	INNER-CITY UNDERPRIVILEGED YOUTHS WHERE THEY CAN GROW AND DEVELOP AS THOUGHFU		
	CITIZENS, AND TO BELIEVE THAT THE FIRST STEP TOWARDS SELF-SUFFICIENCY MUST CO		
	STRONG MORAL FOUNDATION. ON THIS FOUNDATION, SELF-ESTEEM, RESPONSIBILITY, EDU		
		CATION AND	<u> </u>
	ULTIMATELY EMPLOYABILITY IS ACCOMPLISHED.	-	
		 -	
4c	(Code) (Expenses \$ 55,279 including grants of \$ 55,279) (Revenue	\$)
	THE JEROME BETTIS CYBER BUS COMPUTER LITERACY AND EDUCATION PROGRAM		
	PROVIDES PROCESSES AND ENVIORNMENT FOR UNDERPRIVILEGED INNER-CITY YOUTHS TO I	DEVELOP	
	TECHNOLOGY SKILLS THAT WILL BRIDGE THE DIGITAL DIVIDE FOR THE ENTIRE FAMILY.		TER
	LITERACY PROGRAM REQUIRES PARENTAL INVOLVEMENT AND A COMPUTER IS GIVEN TO THE		
	SUCCESSFULLY COMPLETIONS. IN GAINING DISTINGUISHED COMPUTER SKILLS WILL ENABLE		10
	BECOME MORE COMPETITIVE STUDENTS, RECEIVE BETTER GRADES AND HAVE MORE OPPORTU	INTIES.	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ \$ 119,786 (Must equal Part IX, Line 25, column (B))		

26

27

Page 3 Form 990 (2008) THE JEROME BETTIS "BSH FOUNDATION" 38-3378049 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Х 11 Did the organization receive an audited financial statement for the year for which it is completing this return 12 Х 12 Х 13 13 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 16 Х 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 18 Х 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 20 Х 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 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5° If "Yes," complete X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions Х Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a

25b

27

Х

Х

Х

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or

Part IV 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		, '''	1
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		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28Ь		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,	i		
	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,	i		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	L	X
	EEA	Form	990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	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 2a 1			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ъ	X	,,,,,,,,,,,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			37
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
L	account)?	44		
D	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	- I - I - I - I - I - I - I - I - I - I	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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-C as			
	required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
0	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from members or snareholders			
Ь	amounts due or received from them)			
2a	4 M A	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	in res, enter the amount of tax-exempt interest received of accided during the year	<u></u>		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not

required by the Internal Revenue Code)	
required by the internal nevenue Code /	

	tion-A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			ĺ
1a	Enter the number of voting members of the governing body			ĺ
ь	Enter the number of voting members that are independent			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ĺ
	any other officer, director, trustee, or key employee?	2	Х	ĺ
3	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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			i
a	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	-	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
•	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12ь	Х	
_				
С	describe in Schedule O how this is done	120	Х	
13	Does the organization have a written whistleblower policy?		X	
	Does the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by		- 71	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
_		15a		Y
a		_		X
Ь		130		<u> </u>
ı c -	Describe the process in Schedule O (see instructions)			
ьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		y
	with a taxable entity during the year?	16a		X
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	461		i
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 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 Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► GLORIA BETTIS (313)378-3339			
	10421 W 7 MILE RD DETROIT, MI 48221			

Page 7

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

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

Check this box if the organization did not comp (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (k ali	that app	oly)	Reportable	Reportable	Estimated
	hours per week	Itd nridur ise vtc iet de o u r a o I r	I nrustiteeti on al	O f f l c e r	Key employee	Homployee i ghesst ated	r m e	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
GLADYS BETTIS										
PRESIDENT	20		X			ļ		0	0	
JEROME BETTIS			l							
VICE-PRES	35		X	_	ļ	ļ	_	0	0	
LASUNDRES DAVIS			\ _V		ĺ					,
ATNG SECRTARY	20	1	X	-	-	 		0	0	
GLORIA BETTIS DIRECTOR	60	Х						41,980	o	C
DIRECTOR				-	-			41,300		
			-	 						
		<u> </u>								
			<u> </u>	_			<u> </u>			
				<u> </u>			ļ			
		<u> </u>		-	-	-	-			
				ĺ		1				
		 			-	 				
		 		-		†	\vdash			-
						ļ				
		<u> </u>	<u> </u>		T	1				· ·
		Î								
		L		L	L	<u> </u>	L			
				1	l					

Page 8

Pa	rt VII Section A. Officers, Directors, Trustees, K	ey Employe	es, ar	nd H	ligh	est (Comp	ensat	ted Employees (c	ontinued)			
	• (A)	(B) (C)							(D)	(E)		(F)	
	 Name and title 	Average	Position apply)	on (c	heck	all th	hat		Reportable	Reportable	E	Estimate	ed
		hours				1.,	1	_	compensation	compensation	a	amount	of
		per	l to	n t	O	K e e m	H c e	F 0	from	from		other	
		week	dur	t u	f	уP	ı mp g p l	r m	the	related	co	mpensa	
			'se'	l s t t	c	0			organization	organizations		from t	
			d en	u e t e		y e	s s y t t e	r	(W-2/1099-MISC)	(W-2/1099-MISC)		organız	
			u r a o	o n		е	e e					and rela	
			1 7	ä			-				'	organiza	itions
				<u> </u>	\vdash	+		H			1		-
					<u> </u>		ļ. <u>-</u>						
					T								
						╁					-		
					<u> </u>	_					<u> </u>		
					_	ļ					 		
					\vdash	\vdash				200			
		ļ			<u> </u>	ļ							
			ļ										
		<u> </u>		_	\vdash	-			·				
				_							<u> </u>		
1b	Total			• •	•	• •		•	41,980	0			0
2	Total number of individuals (including those in 1a) wh	no received t	nore th	nan	\$10	0,00	0 ın re	porta	ible compensation	from the			
	organization ►											T	0
												Yes	No
3	Did the organization list any former officer, director o											† 1	Х
	employee on line 1a? If "Yes," complete Schedule J fi										3	ļ	
4	For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that												
	individual										4	† †	Х
5	Did any person listed on line 1a receive or accrue cor											<u> </u>	
•	services rendered to the organization? If "Yes," comp	-					-				5	Ī 1	X
Se	ction B. Independent Contractors					_							
1	Complete this table for your five highest compensated	d independe	nt con	trac	tors	that	receiv	ed m	nore than \$100,000	0 of			
	compensation from the organization												
	(A)											(C) ensatio	vo.
	Name and business addres								Description of	Services	Comp	CHSCHO	
		-											
_													
												- 11117 - 1	
2	Total number of independent contractors (including the compensation from the organization ▶	hose in 1) w	ho rece	eive	d m	ore 1	than \$	100,0	000 in				
									- <u>-</u>				

Part \	VIII	Statement of Revenu	1e					
	•	1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Cgoa	1a	Federated campaigns	1a			:		
oit m nfho	ь	Membership dues						
tteu	c	Fundraising events						
i t bass	ď	Related organizations					•	
uri tam	e	Government grants (contribut					•	
ini		_						
nsa s, r	T	All other contributions, gifts, grants similar amounts not included above	1 1	3,730	[:		
a		Noncash contributions includ						
g	h	Total. Add lines 1a-1f			3,730			
		Total: Add lines 12-11		Business Code	37730		;;	
	2a			Busiless Code	ł	-	•	
P S R	Za L							
ree								
g v e	, E							<u> </u>
rin	a			-				<u> </u>
m e e	e							
		All other program service rever						
	⊢ •	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)				-	• • • • • • • • • • • • • • • • • • • •	
	4	Income from investment of tax						
	5	Royalties		I .				
			(ı) Real	(II) Personal				
		Gross Rents			<u>-</u>		,	
		Less rental expenses	· · · · · · · · · · · · · · · · · · ·					
		Rental income or (loss)	<u></u>	ł				
	d	Net rental income or (loss) .		<u> ▶</u>		***************************************		
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis						
•	•	and sales expenses						
t	С	Gain or (loss)						
h	d	Net gain or (loss)						
e	8a	Gross income from fundraising	J					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•		events (not including \$:		
R		of contributions reported on lir	ne 1c)					
e v	ŀ	See Part IV, line 18		156,795				
ė	Ь	Less direct expenses		56,057				
n u		Net income or (loss) from fund			100,738	100,738		
e		Gross Income from gaming activities	-				0-1-0401114141414141-1-1-1-1-1-1-1-1-1-1	
	34	See Part IV, line 19						
	Ь	Less direct expenses						
		Net income or (loss) from gam					·	
		_	mig activities 1 1					
	10a	Gross sales of inventory, less returns and allowances	а					
	<u> </u>	Less. cost of goods sold						
	l	Net income or (loss) from sale:		· · · · · · · · · · · · · · · · · · ·	-	-	:	
	۰			Business Code		:		
	14-	Miscellaneous Revenu		DUSINESS COOR	}			
	11a				 			
	Ь				 -			
	, c	All al				 		
	ı	All other revenue			ļ			
		Total. Add lines 11a-11d .						
	12	Total Revenue. Add lines 1h,						
	l	9c, 10c, and 11e		🕨	104,468	100,738	0	0

38-3378049

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). (B) Program service (D) Do not include amounts reported on lines 6b. Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Compensation of current officers, directors, 41,980 35,683 4,198 2,099 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Pension plan contributions (include section 401(k) and section 403(b) employer contributions) q 173 3,457 2,938 346 10 Fees for services (non-employees) 7,734 7,734 50 50 2,105 2,105 d Lobbying...... Professional fundraising services See Part IV, line 17. f 12,554 12,554 g 12 1,221 2,221 1,000 13 6,480 3,675 2,805 14 Information technology 15 16 1,576 201 1,375 17 11,366 11,366 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 513 513 Depreciation, depletion, and amortization 23 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) 32,616 32,616 COMPUTERS DONATED 3,896 TOYS 3,896 MENTORSHIP 8,123 8,123 c d f 119,786 12,613 2,272 25 Total functional expenses. Add lines 1 through 24f . . 134,671 Joint Costs. Check here ▶ ☐ if following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and

Page 11

Fa	11 X	Dalatice Officer	(A)	Т	(1	B)	
		•	Beginning of year		End o		
	<u> </u>	Cash - non-interest-bearing	- 	1		142,0	
	2	Savings and temporary cash investments		2		142,0	,56
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	1 -		•	+ • +	-		
	5	Receivables from current and former officers, directors, trustees, key		5			
		employees, or other related parties Complete Part II of Schedule L	•	3			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1 . 1			
A	l _	Part II of Schedule L		7			
S	7	Notes and loans receivable, net		+		_	
s e	8	Inventories for sale or use		8			
t	9	Prepaid expenses and deferred charges	·	9			
S	10a	Land, buildings, and equipment cost basis 10a 33,194		1			
	Ь	Less accumulated depreciation Complete		1			
		Part VI of Schedule D		10c		6,3	324
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 11		12	_		
	13	Investments - program-related See Part IV, line 1.1		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	-	16		148,3	380
	17	Accounts payable and accrued expenses	•	17			
	18	Grants payable	•	18			
Ļ	19	Deferred revenue	•	19			
l a	20	Tax-exempt bond liabilities		20			
Ď	21	Escrow account liability Complete Part IV of Schedule D		21			
į	22	Payables to current and former officers, directors, trustees, key					
i		employees, highest compensated employees, and disqualified		1 1			
ţ		persons Complete Part II of Schedule L		22			
ı e	23	Secured mortgages and notes payable to unrelated third parties		23			
s	24	Unsecured notes and loans payable	•	24			_
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	. 0	26			0
		Organizations that follow SFAS 117, check here ▶ ☐ and					
N F		complete lines 27 through 29, and lines 33 and 34.		1 1			
e u	Pi .	Unrestricted net assets		27			
t n		Temporarily restricted net assets		28	-		
A	29	Permanently restricted net assets		29			
s B		Organizations that do not follow SFAS 117, check here ▶ 🄀					-
s a e l		and complete lines 30 through 34.		1			
t a	30	Capital stock or trust principal, or current funds	. 204,168	30	1	148,3	380
S N	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
o e	32	Retained earnings, endowment, accumulated income, or other funds		32	-		
r s	33	Total net assets or fund balances		33		148,3	380
	34	Total liabilities and net assets/fund balances		34		148,3	
Pa	rt XI	Financial Statements and Reporting		' ' ' ' '			
تسست						Yes	No
1	Accou	nting method used to prepare the Form 990 🐰 Cash 📗 Accrual 🔲 C)ther				
2a		he organization's financial statements compiled or reviewed by an independent according			. 2a	X	
ь		he organization's financial statements audited by an independent accountant?					Х
c		to lines 2a or 2b, does the organization have a committee that assumes responsibilities.					
-		dit, review, or compilation of its financial statements and selection of an independent			. 2c	Х	
3a		esult of a federal award, was the organization required to undergo an audit or audits				1	
		ngle Audit Act and OMB Circular A-133?			. 3a		
h		" did the organization undergo the required audit or audits?					
		, and the significant and and and residence and an assess and asset as a second as a se					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 2008

Open to Public Inspection

Employer identification number

Name	of th	e organization							Employe	r identificatio	on numbe	Г	
		ROME BETTIS "I								378049			
Pa	rt I	Reason for	Public Charit	y Status (All organiza	ations mus	t complete	this part	(see instr	uctions)		_		
The	orga	nization is not a priva	te foundation beca	use it is (Please check	only one d	organizatio	n)						
1				association of churches		ın section	170(b)(1)	(A)(i).					
2				1)(A)(ii). (Attach Schedu									
3				rvice organization descr									
4		A medical research	organızatıon opera	ted in conjunction with a	a hospital (described	ın section	170(Ь)(1)	(A)(iii). En	ter the hos	pital's n	ame,	
		city, and state			_					_			
5		An organization ope	rated for the benef	fit of a college or univers	ity owned	or operate	ed by a go	vernmenta	al unit desc	cribed in			
		section 170(b)(1)(A											
6		A federal, state, or k	ocal government or	r governmental unit desc	cribed in s	ection 170)(ь)(1)(ь)(v).					
7		An organization that	normally receives	a substantial part of its	support fro	m a govei	rnmental u	nit or from	the gene	ral public			
		described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Com	plete Part	H)							
9	X	An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from c	ontribution	ns, membe	rship fees	, and gross	s		
		receipts from activiti	es related to its exc	empt functions - subject	to certain	exception	ıs, and (2)	no more t	han 33 1/3	3% of its			
		support from gross	investment income	and unrelated business	taxable ır	come (les	s section 5	511 tax) fro	m busines	sses			
		acquired by the orga	anızatıon after June	e 30, 1975 See section	509(a)(2).	(Complete	e Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ety See se	ection 509	(a)(4). (se	e instructio	ons)			
11		An organization orga	anized and operate	ed exclusively for the be	nefit of, to	perform th	ne function	s of, or to	carry out t	he			
		purposes of one or	more publicly supp	oorted organizations des	cribed in s	ection 509	3(a)(1) or s	ection 509	9(a)(2) Se	e section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizati	on and co	mplete lin	es 11e thro	ough 11h				
		a 🗌 Type I	ь 🗌 Тура				ally integra		d		III-Othe	•	
е		-		organization is not contr									
		•	-	ers and other than one o	r more pu	blicly supp	orted orga	anızatıons	described	in section			
		509(a)(1) or section											
f		•		etermination from the IR					upporting				
		organization, check	this box										L
g		Since August 17, 20	06, has the organia	zation accepted any gift	or contribi	ution from	any of the						
		following persons?											
				controls, either alone o							_	Yes	No
				ly of the supported orga							11g(i)		
				cribed in (i) above?							11g(ii)		
		(iii) A 35% controlle	ed entity of a perso	on described in (i) or (ii)	above? .			<i></i>			11g(iii)		
h		Provide the following	g information abou	t the organizations the o	rganizatio	n supports	3				,		
	(ī) Na	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Didy	ou notify		ls the ition in col	(vii)	Amoun	t of
		organization		(described on lines 1-9			the organiz	ation in col r support?	(i) organize	ed in the	s	upport	
				above or IRC section (see instructions)	governing	document?	(i) or you	support.	U	S ?			
					Yes	No	Yes	No	Yes	No			
				<u> </u>	ļ								
					<u> </u>								
						ļ <u>-</u>							
					-			<u> </u>					
					<u> </u>		 		<u> </u>				
Tota	1				Ī	1	‡	1	I]			

38-3378049

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is 10 Other income Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 12 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, Section C. Computation of Public Support Percentage % 15 % 16a 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 b 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 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 b 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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the box on	line 9 of Part I)					
	tion A. Public Support	· - ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-					
Cal	endar 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")	175,570	26,649	309,805	165,696	104,468	782,188
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	175,570	26,649	309,805	165,696	104,468	782,188
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						
C	Add lines 7a and 7b		*******				
8	Public support (Subtract line 7c from line 6)			<u> </u>			782,188
	tion B. Total Support		4.)	 _	·- /- · · · · · · · · · · · · · · · · · ·		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	175,570	26,649	309,805	165,696	104,468	782,188
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						
С	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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						782,188
13	• • • • • • • • • • • • • • • • • • • •	<u> </u>	<u></u>				
14	First five years. If the Form 990 is for the organizal check this box and stop here	<u> </u>					
	ction C. Computation of Public Support		42 (6)	·	Т	15 10	
15 16	Public support percentage for 2008 (line 8, column Public support percentage from 2007 Schedule A, I					16	00.00 <u>%</u> %
16 Soc	ction D. Computation of Investment Inco			· · · · · · · · · · · ·	• • • • • • •	10	/6
<u>3ec</u> 17	Investment income percentage for 2008 (line 10c, c			ımn (f))		17	0.00 %
18	Investment income percentage for 2006 (line 100, c					18	%
19a	33 1/3% support tests - 2008. If the organization of						
	not more than 33 1/3%, check this box and stop he						▶ 🏻
ь	33 1/3% support tests - 2007. If the organization of	lid not check a b	ox on line 14 or	line 19a, and line	e 16 is more thai	n 33 1/3%, and li	ne 18
20	is not more than 33 1/3%, check this box and stop	here. The organ	zation qualifies	as a publicly sup	ported organiza	tion · · · · ·	▶ □
20	Private Foundation: If the organization did not che	ck a box on line	14, 19a, or 19b,	cneck this box a	ina see instructi	ons · · · · ·	· · · · <u>P</u> <u> </u>

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

➤ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number Name of the organization THE JEROME BETTIS "BSH FOUNDATION" 38-3378049 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Dor	nor advised funds	(b) Fun	ids and other accounts	
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis	ors in writing that th	ne assets held in donor ac	dvised		
	funds are the organization's property, subject to the organization	ganızatıon's exclusiv	ve legal control?			No
6	Did the organization inform all grantees, donors, and d	lonor advisors in wr	iting that grant funds may	be		
	used only for charitable purposes and not for the bene	fit of the donor or d	onor advisor or other			
	impermissible private benefit?					No
Pa	rt II Conservation Easements. Complete	if the organization a	nswered "Yes" to Form 9	90, Part IV, line 7		
1	Purpose(s) of conservation easements held by the org					
	Preservation of land for public use (e.g., recreation	or pleasure)	Preservation of an h	istorically importan	t land area	
	Protection of natural habitat		Preservation of certif	fied historic structu	re	
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a qualifie	ed conservation con	tribution in the form of a	conservation easer	ment	
	on the last day of the tax year					
	,			H	leld at the End of the Yea	ır
a	Total number of conservation easements			2a		
ь	Total acreage restricted by conservation easements .			2b		
С	Number of conservation easements on a certified histo					
d	Number of conservation easements included in (c) acc	quired after 8/17/06		2d		
3	Number of conservation easements modified, transferr				uring	
	the taxable year ▶	_				
4	Number of states where property subject to conservate	on easement is loca	ited ►			
5	Does the organization have a written policy regarding t			, and		
	enforcement of the conservation easements it holds?					No
6	Staff or volunteer hours devoted to monitoring, inspect	ting, and enforcing e	easements during the yea	ır 🕨		
7	Amount of expenses incurred in monitoring, inspecting	, and enforcing eas	ements during the year ▶	\$		
8	Does each conservation easement reported on line 2(c				_	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?					No
9	In Part XIV, describe how the organization reports cons	servation easement	s in its revenue and exper	nse statement, and	1	
	balance sheet, and include, if applicable, the text of the	e footnote to the org	janization's financial state	ments that describ	es	
	the organization's accounting for conservation easeme	_				
Pa	t III Organizations Maintaining Collecti		torical Treasures,	or Other Simil	ar Assets.	
	Complete if the organization answered "Yes" t	to Form 990, Part IV	, line 8			
1a	If the organization elected, as permitted under SFAS 1	16, not to report in i	ts revenue statement and	balance sheet wo	rks of	
	art, historical treasures, or other similar assets held for	public exhibition, ed	ducation, or research in fu	rtherance of public	c service,	
	provide, in Part XIV, the text of the footnote to its finance	cial statements that	describes these items			
ь	If the organization elected, as permitted under SFAS 1	16, to report in its re	evenue statement and bal	ance sheet works	of art,	
	historical treasures, or other similar assets held for pub					
	provide the following amounts relating to these items			-		
	(i) Revenues included in Form 990, Part VIII, line 1.				▶ \$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histori					
	following amounts required to be reported under SFAS			• .		
a	Revenues included in Form 990, Part VIII, line 1	-			▶ \$	
_						

Sched	dule D (Form 990) 2008 THE JEROME BET						38-337			age 2
Pai	t III Organizations Maintaining	Collections of	Art, Histori	cal Treas	ures, or	Oth	er Similar A	issets (c	ontinue	ed)
3	Using the organization's accession and other re	ecords, check any of	the following	that are a sig	gnificant us	se of a	ts collection			
	items (check all that apply)	_								
a	Public exhibition		n or exchange							
Ь	Scholarly research	e 🗌 Othe	er							
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	ow they furth	er the organi	zation's ex	empt	purpose in			
	Part XIV									
5	During the year, did the organization solicit or r			-				_		_
	assets to be sold to raise funds rather than to be								res	∐ No
Par	Trust, Escrow and Custodi	_	-	if organization	on answer	ed "Ye	es" to Form 990	•		
	Part IV, line 9, or reported an amou									
1a	Is the organization an agent, trustee, custodian		-							
	included on Form 990, Part X?				· · · · ·			🗆 '	íes	∐ No
Ь	If "Yes," explain the arrangement in Part XIV an	d complete the follo	wing table		r					
							A	nount		
c	Beginning balance					1c				
d	Additions during the year					1d				
е.	Distributions during the year					1e				
1	Ending balance									
2a	Did the organization include an amount on For	m 990, Part X, line 2	17					🗆 '	res (∐ No
b	If "Yes," explain the arrangement in Part XIV	<u> </u>		000 D-	- N/ bas 1	10				
FAI	t V Endowment Funds. Complete	-				T	6.T. Y. D.			5
1-	Regimning of year halance	(a) Current Year	(b) Prior Ye	ear (c) 1	wo Years Ba	CK (d) Three Years Ba	CK (e) FOL	ır Years	Васк
ıа b	Beginning of year balance	_					······			
c	Investment earnings or losses					· ···· -	oli i den alabori			
d	Grants or scholarships									
e	Other expenditures for facilities			······································		'''' 				
Ū	and programs			1		-		1		
f	Administrative expenses						 uii	 [
g	End of year balance				•••••					
2	Provide the estimated percentage of the year e	nd balance held as		t		Ŧ		<u>t</u>		
a	Board designated or quasi-endowment ▶	%								
ь	Permanent endowment ▶ %	······································								
c	Term endowment ▶ %									
3a	Are there endowment funds not in the possess	ion of the organization	on that are hel	d and admin	stered for	the				
	organization by	J							Yes	No
	(i) unrelated organizations						<i>.</i>	. 3a(i)		
	(ii) related organizations							h	_	
Ь	If "Yes" to 3a(ii), are the related organizations li									
4	Describe in Part XIV the intended uses of the o									
Par	† VI Investments - Land, Buildi	ngs, and Equip	ment. See F	orm 990, Par	t X, line 10)				
	Description of investment	(a) Cost or oth	ner basis	(b) Cost or oth	er	(c) D	epreciation	(d) Bo	ok value)
	,	(investme	i i	basis (other)	- 1	.,				
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment									
e	OtherSTMD		33,194				26,870		6,	,324
Total	l. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line 1	O(c))	<u></u> .		▶ .		6,	, 324

38-3378049

Part VII	Investments - Other Securitie	S. See Form 990, Part X, line 12		
	(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 deriv	vatives and other financial products	• • •		
Closely-held	equity interests			
Other				
	b) should equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments - Program Relate	d. See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
				
	(b) should equal Form 990, Part X, col (B) line 13)	bus 45		
Part IX	Other Assets. See Form 990, Part X			Beek value
		(a) Description	(6)	Book value
		<u> </u>		
 				
				
				· ·
		· · · · · · · · · · · · · · · · · · ·		
	· -			
Total (Column	(b) should equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part			
<u> </u>	(a) Description of liability	(b) Amount		
Federal incon				
			Y	
-				
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	>		
In Part XIV, p	rovide the text of the footnote to the organization	ation's financial statements that report	s the organization's liability for	
uncertain tax	positions under FIN 48			

Sched	dule D (Form 990) 2008 THE JEROME BETTIS "BSH FOUNDATION"	38-3378049	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	· ·-
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	-1	
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	. 4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25	\dashv \parallel	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	\dashv	
c	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		
Pai	T XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	1b	
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
-			
		·	
		 	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization ttach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Open to Public Inspection

lame of the organization	-					Employer ide	entification number			
THE JEROME BETTIS "BS	H FOUNDAT	"NOI				38-3	378049			
Part 1 Fundraising Activities	Complete if the	organizatio	n answered	l "Yes" to Form 990, Pa	rt IV, line	17				
1 Indicate whether the organization rai	sed funds throug	h any of the	following a	ctivities Check all that	apply					
a Mail solicitations		е 🗌	Solicitation	of non-government gr	ants					
b Email solicitations		f $\overline{\sqcap}$	Solicitation	of government grants						
c Phone solicitations g Special fundraising events										
d n-person solicitations										
2a Did the organization have a written of	r oral agreement	with any inc	dividual (inc	luding officers, director	e truetoo	e				
or key employees listed in Form 990,	-			_		_	es 🗍 No			
b If "Yes," list the ten highest paid indiv						_	ES 140			
to be compensated at least \$5,000 b	y the organization	1 Form 990	-EZ filers ai	re not required to comp	piete this i	able				
(i) Name of Individual	(ii) Activity	(iii) Did fund	draiser have	(iv) Gross receipts	(v) Amou	int paid to	(vi) Amount paid to			
or entity (fundraiser)	(ii) Activity	custody or		from activity		ined by)	(or retained by)			
		contrib	utions?			er listed in	organization			
		Yes	No		C	ol (i)				
		163	"							
		ļ				· . · · - · - · · - · · · · · · · · · ·				
		 -								
		<u> </u>								
· ·		-								
		-								
		 								
Total			•							
3 List all states in which the organization	n is registered or l	licensed to s	solicit funds	or has been notified it	ıs exemp	t from				
registration or licensing										
		 		<u>-</u> .	<u>.</u>					
							<u> </u>			
		·								
										

38-	3378049	Page

Pa	rt II		· ·			rted			
		more than \$15,000 on Form 99		(b) Event #2		<u> </u>		-	
	•		(a) Event#1 JAZZ WITH JE	(b) Event #2	(c) Other Events			Events	
R			(event type)	(event type)	(total number)	Add) through (c) }	gh
e			(event type)	(event type)	(total number)	-		(-)/_	
v e	1	Gross receipts	156,795				15	6,79	5
n	2	Less Charitable	2307733					,,,,	
u e	_	contributions							
6	3	Gross revenue (line 1							
		minus line 2)	156,795				15	6,79	5
D									
ı r	4	Cash prizes							
ė									
c t	5	Non-cash prizes	10,640				1	0,64	0
E	6	Rent/facility costs	19,666				1	9,66	6
Р	_						_		
e n	7	Other direct expenses	25,751				2	5,75	<u> </u>
s		Don't company a company and have	4 shannah 7 (d)			,	_		۰ ۱
e s	8 9	Direct expenses summary Add line Net income summary Combine line				\ <u>\</u>		0,73	
	rt II							0,73	
L::	13.13	than \$15,000 on Form 990-E2	-	1 10 1 01111 330, 1 411 14, 11110	13, or reported more				
R			·	(b) Pull tabs/Instant		(d) T	otal gar	ning (Ac	id
R e v			(a) Bingo	bingo/progressive bingo	(c) Other gaming			ugh col	
e n u e						_			
ě	1	Gross revenue							
Direct									
ŗ	2	Cash prizes							
č									
	3	Non-cash prizes							
Expens									
n	4	Rent/facility costs				_			
e s	5	Other disease averages							
5		Other direct expenses	☐ Yes %	Yes %	☐ Yes %				
	6	Volunteer labor	=		□ les″				
	•	Volunteer labor							
	7	Direct expense summary Add lines	2 through 5 in column (d)	<i></i>	(}
			. _ .	,					
İ	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)					
								Yes	No
9	Ent	ter the state(s) in which the organiza	tion operates gaming activ	vities					
a	is t	he organization licensed to operate	gaming activities in each c	of these states?			9a		
b	lf "l	No," Explain							
	-	 		 					
		ere any of the organization's gaming	licenses revoked, suspend	ded or terminated during th	ne tax year?		10a		
D	it "	Yes," Explain							
	_								
11	<u>D</u>	es the organization operate gaming	activites with normambar	-7			11		
12		es the organization operate gaming he organization a grantor, beneficiar				• • • •			
14	15 1	ne organization a grantor, beneficiar	=	member of a partitionally (onler entity			1	

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE JEROME BETTIS "BSH FOUNDATION"	38-3378049
01. Officer, directors, etc. family relationship (Part VI, line 2)	
THE EXECUTIVE DIRECTOR IS RELATED TO MEMBERS OF THE BOARD OF TRUSTEES	
02. Form 990 governing body review (Part VI, line 10)	
ALL GOVERNING BODY, BOARD OF TRUSTEES AND DIRECTOR CAN BE REACHED AT THE O	OFFICIAL OFFICE
OF THE ORGANIZATION.	
03. Conflict of interest policy compliance (Part VI, line 12c)	
THE CONFLICT OF INTEREST POLICY COMPLIANCE IS IN WRITING AND IS MONITORED	BY THE BOARD OF
TRUSTEES AND INFORCED BY SAME.	
INOUTHER THE INTONOLES BY BIRDS.	
04. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, CONFLICT OF INTEREST ARE MADE	
AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE BOARD OF TRUSTEES.	
	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

2008

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return Business or activity to which this form relates Identifying number THE JEROME BETTIS "BSH FOUNDATIO FORM 990 -38-3378049 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 MACRS Depreciation (Do not include listed property) (See instructions) Section A 294 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (**d**) Recovery (e)Convention (f) Method (g) Depreciation deduction (a) Classification of property year placed in (business/investment use period only-see instructions) 19a 3-year property HY 219 1,095 200 DB 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs S/L 25-year property ММ S/L 27.5 yrs Residential rental MM S/L property 27.5 yrs MM Nonresidential real 39 yrs S/L property MM Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs 40-year 40 yrs ММ S/I Part IV Summary (see instructions) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 513 23 For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs

	Federal Supporting	g Statements	2008	PG01
Name(s) as shown on return			FEIN	
THE JEROME BETTIS "BS	H FOUNDATION"		38-3	3378049
	<u> INVESTMENTS -</u>	· OTHER		
DESCRIPTION	COST/BASIS	COST/BASIS		воок
DESCRIPTION OF INVESTMENT			<u>DEPR</u>	BOOK VALUE
	COST/BASIS	COST/BASIS	<u>DEPR</u> 26,357	
OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)		VALUE

		ı	ı		ı	9 3	224 164	448	1							
2008	PAGE 1			AMT	<u> </u>											
	PAG	Social security number/EIN	38-3378049	Bonus depreclation					ST ADJ:							
_		Socials	3	Prior expense												
				Accumulated Depreciation	23,303	338	219	26,870								
				Current		41	253	513								
ing				Rate	0 0	11.52	22.8									
tail List	General ds only				-	-		-	_		-	Method		200 DB HY	200 DB MG 200 DB HY	
ر ا	nt & recor			Life	2											
Depreciation Detail Listing	Management & General For your records only	,		Depreciation Basis	28,350 7 2,281 5	360 5	1,095 5	33,194								
Ö				Section 179		_										
				Business percentage	100.00	100.00	100.00									
				Salvage												
			_		"N(ON.	TON"	ON"	Cost	28,350	360	1,108	33,194	33, 194		
_	 -	-	"BSH FOUNDATION"	Date	19920701	20040729	20061208									
* Item was disposed	of during current year	Name(s) as shown on return	THE JEROME BETTIS "BSH	Description	EQUIPMENT AND FURNITU OFFICE EQUIPMENT		COMPUTER AND PRINTER	Totals	Land Amount Net Depreciable Cost							
* <u>fe</u>	of d	Name		Š	- ~	M ·	4 10									