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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning

, 2008, and ending

B Check if applicable		C Name of organization <b>DISMAS CHARITIES, INC.</b>		D Employer identification number <b>61-0663854</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type</b> <i>See specific instructions.</i>		<b>Number and street (or P O box if mail is not delivered to street addr)</b> <b>2500 SEVENTH STREET RD</b>	
				<b>Room/suite</b> <b>502</b>	
		<b>City, town or country</b> <b>LOUISVILLE</b>		<b>State ZIP code + 4</b> <b>KY 40208-1078</b>	
		<b>F Name and address of principal officer</b> <b>RAYMOND J. WEIS 2500 7TH ST RD LOUISVILLE KY 40208</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No', attach a list (see instructions)</i>	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) (3) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ►			
<b>J Website:</b> ► <a href="http://www.dismas.com">www.dismas.com</a>					
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of Formation</b> <b>1979</b>		<b>M State of legal domicile</b> <b>KY</b>	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities **THE ORGANIZATION PROVIDES HALF-WAY HOUSES FOR EX-OFFENDERS AND PAROLEES, SUBSTANCE ABUSE TREATMENT PROGRAMS, BOTH RESIDENTIAL AND OUTPATIENT, AND OUTPATIENT RESIDENTIAL AND SOCIAL REHABILITATION PROGRAMS FOR EX-OFFENDERS.**

2 Check this box ►  If the organization discontinued its operations or disposed of more than 25% of its assets **3 12**

3 Number of voting members of the governing body (Part VI, line 1a) **4 12**

4 Number of independent voting members of the governing body (Part VI, line 1b) **5 739**

5 Total number of employees (Part V, line 2a) **6 200**

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **7a 0.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b 0.**

Activities & Governance			Prior Year	Current Year
			311,615.	760,945.
Revenue	8 Contributions and grants (Part VIII, line 1h)		33,612,904.	34,810,231.
	9 Program service revenue (Part VIII, line 2g)		11,805,669.	612,754.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		448,226.	415,860.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e)		46,178,414.	36,599,790.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>RECEIVED</b>		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,896,949.	16,757,370.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>JUN 11 2010</b>		
	b Total fundraising expenses (Part IX, column (D), line 25)		18,039,613.	18,406,713.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		33,936,562.	35,164,083.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		12,241,852.	1,435,707.
	19 Revenue less expenses Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)			
	21 Total liabilities (Part X, line 26)			
	22 Net assets or fund balances Subtract line 21 from line 20		Beginning of Year	End of Year
			33,986,969.	35,073,428.
			7,680,302.	7,329,052.
			26,306,667.	27,744,376.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ►   
 Signature of officer **6/7/10**  
 Type or print name and title **PRESIDENT/CEO**

Paid Preparer's Use Only	Preparer's signature 	Date <b>6-7-10</b>	Check if self employed ►	Preparer's identifying number (see instructions)
	Firm's name (or yours if self employed) ► <b>STURM, PALETTI &amp; WILSON</b>		EIN ►	
	address and ZIP + 4 ► <b>713 EAST MARKET STREET, SUITE 100</b>		Phone no ►	<b>(502) 589-9254</b>
	<b>LOUISVILLE KY 40202</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

TECA0101 04/23/09 Form 990 (2008)

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**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission

THE ORGANIZATION PROVIDES HALF-WAY HOUSES FOR EX-OFFENDERS AND PAROLEES, SUBSTANCE ABUSE TREATMENT PROGRAMS, BOTH RESIDENTIAL AND OUTPATIENT, AND  
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O

Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

Yes  No

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 \$ 28,766,444, including grants of \$ 0) (Revenue \$ 34,810,231)

PAROLEE PRISONER REHABILITATION PROVIDED 672,220 MANDAYS OF REHABILITATION DURING THE YEAR.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 28,766,444. (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III

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 Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b 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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I

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 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

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 Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

**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		
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	28b	X
c Serve as an officer, director, trustee, key employee partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, 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 <b>Section 501(c)(3) organizations.</b> 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	X

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	164	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
<b>2a</b> 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	739	
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
<i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If 'Yes,' enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>	4b		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> 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		
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
<b>f</b> Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?	7f		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	8		X
<b>b</b> Did the organization make any distribution to a donor, donor advisor or related person?	9a		X
<b>9b</b>	9b		X
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from other members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

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Form 990 (2008)

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

**Section A. Governing Body and Management**

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

	Yes	No
1a Enter the number of voting members of the governing body	1a 12	
b Enter the number of voting members that are independent	1b 12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b 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	X
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	X

1a Does the organization have a written conflict of interest policy? If 'No,' go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.

a The organization's CEO, Executive Director, or top management official?

b Other officers of key employees of the organization?

Describe the process in Schedule O (see instructions)

16a Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b 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 the organization's exempt status with respect to such arrangements?

**Section B. Policies**

	Yes	No
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b	X	

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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a The organization's CEO, Executive Director, or top management official?

b Other officers of key employees of the organization?

Describe the process in Schedule O (see instructions)

16a Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b 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 the organization's exempt status with respect to such arrangements?

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► See States Form 990 Filed In

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:

► STEPHEN B. CLARK, VP FIN/CEO 2500 SEVENTH STREET ROAD, LOUISVILLE KY 40208-1076 (502) 636-2033

**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) or 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 compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former Director or Trustee			
RAYMOND J. WEIS PRESIDENT/CEO	60.00		X	X				540,866.	0.	59,680.
JAN M. KEMPF EXEC VP	60.00		X	X				400,005.	0.	52,942.
STEPHEN B. CLARK VP FIN/CFO	55.00		X					228,675.	0.	56,048.
JAMES T. SIMON, SR DIRECTOR	5.00	X						0.	0.	0.
MAURICE LUNDRIGAN DIRECTOR	1.00	X						0.	0.	0.
MELINDA KING DIRECTOR	1.00	X						0.	0.	0.
DON CHRISTENSEN DIRECTOR	1.00	X						0.	0.	0.
JOHN CHANEY DIRECTOR	0.50	X						0.	0.	0.
THOMAS E. MOSS, SR. DIRECTOR	0.50	X						0.	0.	0.
HENRY B. LYON, JR. DIRECTOR	0.50	X						0.	0.	0.
ROBERT S. RABBETH DIRECTOR	0.50	X						0.	0.	0.
ARTHUR J. POTTER, III DIRECTOR	0.50	X						0.	0.	0.
THOMAS L. COOMES, II DIRECTOR	0.50	X						0.	0.	0.
JOE GUY HAGAN DIRECTOR	0.50	X						0.	0.	0.
CHESTER A. BELL, JR. DIRECTOR	0.50	X						0.	0.	0.
VICTOR V. LUCCHESE DIRECTOR EMERITAS	0.50	X						0.	0.	0.
FRED J. FLASPOEHLER, JR. DIRECTOR EMERITAS	0.00	X						0.	0.	0.

**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

**1 b Total**

► 1,687,012.

0. 321,737.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 7

	Yes	No
3		X
4	X	
5		X

---

**Section B. Independent Contractors**

Section B: Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address					(B) Description of Services		(C) Compensation	
TURNER CONST	4389 W CTY RD	WEST BADEN	IN	47469	BLDG RENOVATION			832,401.
GAY CONSTRUC	P.O. BOX 2376	SMRYNA	GA	20081	BLDG RENOVATION			748,329.
KIZAN TECH	2900 EASTPOINT PKWY	LOUISVILLE	KY	40223	SOFTWARE DEVELOPMENT			626,370.
PILLSBURY WINTHROP	P.O. BOX 60000	SAN FRANCISCO	CA	94160	LEGAL SERVICES			249,938.
JP SANCHEZ CONST	413 GRINER	DEL RIO	TX	78840	BLDG RENOVATION			246,772.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 9

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## Part VIII Statement of Revenue

CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	7,282.			
d Related organizations	1d	535,320.			
e Government grants (contributions)	1e	35,562.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	182,781.			
g Noncash contribns included in lns 1a-1f		\$ 23,008.			
<b>h Total. Add lines 1a-1f</b>		► 760,945.			
PROGRAM SERVICE REVENUE	Business Code				
2a FEES FROM GOV'T AGENCIES	900099	34,810,231.	34,810,231.	0.	0.
b -----					
c -----					
d -----					
e -----					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		► 34,810,231.			
OTHER REVENUE					
3 Investment income (including dividends, interest and other similar amounts)		► 609,604.	609,604.	0.	0.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses	10,140.				
c Rental income or (loss)	10,140.				
d Net rental income or (loss)		► 10,140.	10,140.	0.	0.
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses		6,300.			
c Gain or (loss)		3,150.			
d Net gain or (loss)			► 3,150.	3,150.	0.
8a Gross income from fundraising events (not including \$ 7,282. of contributions reported on line 1c) See Part IV, line 18	a	142,839.			
b Less direct expenses	b	120,422.			
c Net income or (loss) from fundraising events		► 22,417.	22,417.	0.	0.
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10a Gross sales of inventory, less returns and allowances	a				
b Less. cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11a MISC FEES	900099	383,303.	383,303.	0.	0.
b -----					
c -----					
d All other revenue					
<b>e Total. Add lines 11a-11d</b>		► 383,303.			
<b>12 Total Revenue. Add lines 1h, 2g, 3 4, 5, 6d, 7d, 8c, 9c 10c, and 11e</b>		► 36,599,790.	35,838,845.	0.	0.

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 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 the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,169,546.	0.	1,169,546.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,002,899.	10,821,051.	1,181,848.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,091,829.	0.	2,091,829.	0.
9 Other employee benefits	434,012.	350,899.	83,113.	0.
10 Payroll taxes	1,059,084.	913,758.	145,326.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	6,592,107.	6,523,660.	68,447.	0.
17 Travel	657,583.	456,625.	200,958.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,191,722.	1,135,944.	55,778.	0.
23 Insurance				
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)				
a TELEPHONE	240,167.	184,386.	55,781.	0.
b REPAIRS, MAINT, SUPPLIES	1,911,172.	1,752,637.	158,535.	0.
c GRANT INCOME DISBURSED	7,079.	7,079.	0.	0.
d				
e				
f All other expenses	7,806,883.	6,620,405.	1,186,478.	0.
25 Total functional expenses Add lines 1 through 24f	35,164,083.	28,766,444.	6,397,639.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	31,927.	1	73,676.
	2 Savings and temporary cash investments	19,008,699.	2	10,609,628.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,561,080.	4	4,995,370.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	6,653,081.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	978,403.	9	958,090.
	10a Land, buildings, and equipment cost basis	10a 19,496,691.		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 9,957,432.	10c	9,539,259.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
LIABILITIES	15 Other assets. See Part IV, line 11	3,753,933.	15	2,244,324.
	16 Total assets Add lines 1 through 15 (must equal line 34)	33,986,969.	16	35,073,428.
	17 Accounts payable and accrued expenses	7,678,788.	17	7,335,878.
	18 Grants payable		18	
	19 Deferred revenue	1,514.	19	-6,826.
	20 Tax-exempt bond liabilities		20	
NET ASSETS OR FUND BALANCES	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	7,680,302.	26	7,329,052.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	26,306,667.	27	27,744,376.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,306,667.	33	27,744,376.
	34 Total liabilities and net assets/fund balances	33,986,969.	34	35,073,428.

## Part X Financial Statements and Reporting

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2008)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

DISMAS CHARITIES, INC.

Employer identification number

**Part I** Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization )

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)  
10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

h Provide the following information about the organizations the organization supports

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

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**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar 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 'unusual grants')	24,720,840.	26,365,246.	28,556,434.	33,676,809.	35,058,273.	148,377,602.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> Add lines 1-3	24,720,840.	26,365,246.	28,556,434.	33,676,809.	35,058,273.	148,377,602.
5 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)						
6 <b>Public support.</b> Subtract line 5 from line 4						148,377,602.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	24,720,840.	26,365,246.	28,556,434.	33,676,809.	35,058,273.	148,377,602.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	301,387.	347,973.	432,683.	1,039,496.	1,155,064.	3,276,603.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				3,219,755.		3,219,755.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	131,657.	181,671.	316,291.	425,921.	383,303.	1,438,843.
11 <b>Total support.</b> Add lines 7 through 10						156,312,803.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.92%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	79.94%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 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 box and stop here. The organization qualifies as a publicly supported organization ► 17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► 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 ► 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► 

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Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr 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 "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in an 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						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶ <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		▶ <input type="checkbox"/>

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part II, Line 10

Description: MISC

2004: 131657.

2005: 181671.

2006: 316291.

2007: 425921.

2008: 383303.



**Part II A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(e) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is	<b>The lobbying nontaxable amount is</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,300	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,300	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If 'Yes,' describe in Part IV	X		40,735.
j Total lines 1c through 1i			40,735.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3 what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	4	
	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Also, complete this part for any additional information

Pt II-B Line 1i THIS ORGANIZATION RETAINED THE SERVICES OF BARBER, BANAZYNISKI & GLIDEWELL, PSC, 100 NORTH SIXTH STREET, LOUISVILLE, KY 40202 TO MONITOR THE KENTUCKY LEGISLATURE ON BEHALF OF THE ORGANIZATION ON ISSUES RELATED TO THE STATE DEPARTMENT OF CORRECTIONS BUDGET AND MATTERS RELATED TO HALF-WAY HOUSES

**Part IV** Supplemental Information (continued)

## AND SOCIAL REHABILITATION RESIDENCES, SERVICES WHICH THE

ORGANIZATION PROVIDES AS PART OF ITS EXEMPT FUNCTION.

THESE ACTIVITIES OF THE ORGANIZATION CONSTITUTED AN

INSUBSTANTIAL AMOUNT OF TIME AND EXPENSE OF THE

## ORGANIZATION.

**SCHEDULE D**  
**(Form 990)****Supplemental Financial Statements**

OMB No. 1545-0047

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

**DISMAS CHARITIES, INC.**

Employer identification number

61-0663854

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.**Part I 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) Donor advised funds	(b) Funds 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 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 or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

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

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 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?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance  
 b Contributions  
 c Investment earnings or losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		0.		0.
b Buildings		0.	0.	0.
c Leasehold improvements		9,553,148.	2,151,328.	7,401,820.
d Equipment		8,949,595.	6,959,036.	1,990,559.
e Other		993,948.	847,068.	146,880.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ► 9,539,259.

Schedule D (Form 990) 2008

BAA

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
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**Part VIII Investments—Program Related (See Form 990, Part X, line 13)**

**Part IV Other Assets (See Form 990, Part X, line 15)**

Total, Column (b) Total (should equal Form 990, Part X, col. (B), line 15)

► 2,244,324.

**Part X Other Liabilities (See Form 990, Part X, line 25)**

(a) Description of Liability	(b) Amount
Federal Income Taxes	

Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XII Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	36,599,790.
2 Total expenses (Form 990, Part IX, column (A), line 25)	35,164,083.
3 Excess or (deficit) for the year Subtract line 2 from line 1	1,435,707.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	-64,728.
9 Total adjustments (net) Add lines 4-8	-64,728.
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,370,979.

**Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1 36,514,500.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 36,514,500.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b 85,290.
c Add lines 4a and 4b	4c 85,290.
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 36,599,790.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1 35,143,521.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Losses reported on Form 990, Part IX, line 25	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 35,143,521.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b 20,562.
c Add lines 4a and 4b	4c 20,562.
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5 35,164,083.

**Part XIV Supplemental Information**

Complete 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 and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

Pt XII Line 4b OTHER INCOME TOTALING \$85,290 WAS RECLASSIFIED FROM DEFERRED REVENUE, A LIABILITY ACCOUNT.

Pt XIII Line 4b THE METRO LOUISVILLE GOVERNMENT PROVIDED \$20,562 TO PERFORM MAINTENANCE ON THE LOUISVILLE CREMATORY, ORIGINALLY RECORDED AS A CREDIT TO REPAIRS & MAINTENANCE, WAS RECLASSIFIED.

Pt XI Line 8 REPRESENTS THE NET OF XII, LINE 4b AND XIII, LINE 4b.

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

DISMAS CHARITIES, INC.

Employer identification number

**Part IV Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>ANNUAL GALA</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE					
1	Gross receipts	150,121.			150,121.
2	Less Charitable contributions	7,282.			7,282.
3	Gross revenue (line 1 minus line 2)	142,839.			142,839.
DIRECT EXPENSES					
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
7	Other direct expenses	120,422.			120,422.
8	Direct expense summary. Add lines 4- through 7 in column (d)				120,422.
9	Net income summary. Combine lines 3 and 8 in column (d)				22,417.

**Part III** **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE					
1	Gross revenue				
EXPENSES					
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain \_\_\_\_\_

-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain \_\_\_\_\_

-----

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES	NO
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

		YES	NO
13a	%		
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If 'Yes,' enter name and address

15a

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided. ► \_\_\_\_\_

 Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ \_\_\_\_\_

17a

**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Attach to Form 990. To be completed by organizations that  
answered 'Yes' to Form 990, Part IV, line 23.

Employer identification number  
**61-0663854**

Name of the organization

**DISMAS CHARITIES, INC.**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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)

Yes	No

**1b**

**2**

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

**4a**

**4b**

**4c**

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

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

If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?  
**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

**5a**

**5b**

**6a**

**6b**

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?  
**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

**7**

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

**8**

**8** Were any amounts reported in Form 990 Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2008

**Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (1) and from related organizations described in the instructions on row (1). Do not list any individuals that are not listed on Form 990, Part VII.

**Note** The sum of columns (B) or (iii) must equal the applicable column (B) or column (E) amounts on Form 990, Part VII, line 1a.

## **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Pt I Line 6a THE ORGANIZATION HAS A TWO TO THREE PART INCENTIVE BONUS COMPENSATION PLAN FOR THREE DIFFERENT CATEGORIES OF EMPLOYEES. THE TOTAL IS CAPPED AT A PERCENTAGE OF EACH EMPLOYEE'S WAGE BASE. THE TWO PARTS ARE BASED ON FAVORABLE COMPARISONS TO BUDGET AND PERFORMANCE. IF THE PERFORMANCE IS FAVORABLE, THE EMPLOYEES RECEIVE AN ADDITIONAL PRESCRIBED PERCENTAGE OF THEIR WAGE BASE AS INCENTIVE COMPENSATION.

Pt 1 Line 1b CHARTER TRAVEL OCCURS ON AVERAGE TWO TIMES ANNUALLY BUT ONLY WHEN IT WAS LOGISTICALLY BENEFICIAL FOR THE TWO KEY EMPLOYEES AND OUTSIDE ADVISORS. FIRST CLASS TRAVEL ONLY OCCURS FROM BUMP-UPS THAT ARE FREE OF CHARGE OR AS THE RESULT

DUES ARE PAID FOR A LOCAL UNIVERSITY CLUB WHICH PROVIDES MEALS AND MEETING ROOMS WHICH ARE USED EXCLUSIVELY FOR PURPOSES THAT ARE CONSISTENT WITH THE OF USING FREQUENT FLYER MILES.

THE JOURNAL OF CLIMATE

Schedule J (Form 990) 2008



**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**Open to Public  
Inspection

► 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.

Name of the organization

DISMAS CHARITIES, INC.

Employer identification number

61-0663854

Pt VI-A, Line 10 THE 990 IS PRESENTED TO THE FINANCE COMMITTEE BY THE CFO

PRIOR TO FILING AND THE CFO THEN PRESENTS THE 990 TO THE ENTIRE BOARD PRIOR TO FILING.

Pt VI-B, Line 12c THE ENTIRE BOARD OF DIRECTORS AND KEY OFFICERS COMPLETE A CONFLICTS QUESTIONNAIRE DURING THE FIRST BOARD MEETING EACH YEAR AND THEY ARE INSTRUCTED TO REPORT ANY SUBSEQUENT POTENTIAL CONFLICTS THAT MAY ARISE DURING THE YEAR TO THE CEO.

Pt VI-B, Line 15 THE CEO'S COMPENSATION IS REVIEWED AND APPROVED PERIODICALLY

BY THE COMPENSATION COMMITTEE AND ANY PERSON WHO MAY HAVE A CONFLICT WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE IS NOT INVOLVED. COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IS USED. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT ARE MADE BY THE COMMITTEE AND BECOME A PART OF THEIR PERMANENT RECORDS. THE COMPENSATION ARRANGEMENT RECOMMENDED BY THE COMMITTEE IS THEN PRESENTED TO THE ENTIRE BOARD FOR APPROVAL.

Pt VI-C, Line 19 THE DOCUMENTS, OTHER THAN THE ARTICLES OF INCORPORATION WHICH ARE AVAILABLE ON THE WEB SITE OF THE KENTUCKY SECRETARY OF STATE, LISTED ON THIS LINE ARE NOT AVAILABLE TO THE PUBLIC.

Pt VI-B, Line 12c THIS IS A NOTE TO PART VI B, LINE 13. WHISTLEBLOWER POLICY. THE ORGANIZATION DOES NOT HAVE A PER SE WHISTLEBLOWER POLICY. HOWEVER, EACH EMPLOYEE IS GIVEN A TOLL FREE TELEPHONE NUMBER AND A WEB SITE TO AN INDEPENDENT THIRD PARTY COMPANY WHICH CAN BE REACHED 24/7 REGARDING ANY GRIEVANCE AN EMPLOYEE

Name of the organization

DISMAS CHARITIES, INC.

Employer identification number

61-0663854

MAY HAVE. THE THIRD PARTY COMPANY RESPONDS TO THE ORGANIZATION  
IN A MANNER COMMENSURATE WITH THE GRIEVANCE.

THE AMENDED 2008 FORM 990 REVISED SCHEDULE A BY CHECKING  
BOX 7 INSTEAD OF BOX 9 AND PART II WAS COMPLETED.

SCHEDULE R, PART II, COLUMN (E) WAS COMPLETED TO INDICATE  
THAT THE RELATED ENTITY WAS A TYPE 1.

## Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

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### Name of the organization

DISCUSSIONS

DROWNS CINERITIENS TNC

## Part 1 Identification of Disregarded Entities

## Part VI Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
DISMAS CHARITIES PROPERTIES, INC. 61-1281657 2500 7TH STREET RD, LOUISVILLE KS 40208	TITLE HOLDING	KY	501 (c) (2)	1	
DISMAS CHARITIES FOUNDATION, INC. 61-1281654 2500 7th STREET RD, LOUISVILLE KS 40208	CORPORATION	KY	501 (c) (3)	11	

## Part III Identification of Related Organizations Taxable as a Partnership

## Identification of Related Organizations Taxable as a Corporation or Trust

844

813/814

(8803) (See 11101) Mairi Mac

**Part IV Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A)	(B)	(C)
Name of other organization	Transaction type (a-r)	Amount involved
1) DISMAS CHARITIES PROPERTIES, INC	a,d,j,m,n,o,p	83,449.
2) DISMAS CHARITIES FOUNDATION, INC	a,c,j,m,n,o,p	83,449.
(3)		
(4)		
(5)		
(6)		



## Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue), that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

BAA

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 1 (continued)**

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Briefly describe the organization's mission:

**SOCIAL REHABILITATION PROGRAMS FOR EX-OFFENDERS.**

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Form 990, Page 6, Line 17

**States Form 990 Filed In**

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Kentucky

Georgia

New Mexico

Tennessee