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2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short 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 benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form

The organization may have to use a copy of this return to satisfy state recents.

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

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning , 2008, and ending	,
В	Check if applicable C D Emp	ployer Identification number
L		3-6006173
	Name change label or P.O. Box 2177	ephone number
-	Initial return type. Casper, WY 82602	307) 237-8649
-	Specific Specific	
┢	The lieure real tions.	oup Exemption mber
4		
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶	
1		he organization is not Schedule B (Form 990,
i	Organization type (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	
ĸ	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	nally not more than
_	\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return	nany not more than
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	► \$ 636,489.
P	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	
	1 Contributions, gifts, grants, and similar amounts received	1 96,149.
	Program service revenue including government fees and contracts	2
	3 Membership dues and assessments.	3
	4 Investment income	4 57,186.
	5a Gross amount from sale of assets other than inventory 5a 464,065.	
	b Less. cost or other basis and sales expenses 55 531,689.	- 67.604
R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) See Statement 1	5c -67,624.
R E V E N U	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	[
N U	a Gross revenue (not including \$of contributions	Ī
E	reported on line 1) 6a 19,089.]
	b Less: direct expenses other than fundraising expenses 6b 7,016.	10.073
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 12,073.
	7a Gross sales of inventory, less returns and allowances 7a 7b	
	b cost of goods cold	7 c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
	8 Other revenue (describe	9 97,784.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 10 Grants and similar amounts paid (attach schedule) See Statement 2	
	· · · · · · · · · · · · · · · · · · ·	10 105,129.
Ē	11 Benefits paid to or for members	11 12
E X P	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors	13
E	()	14
S E	14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 長度度 向 2 20前 〇	15 9,809.
S		16 27, 935.
	16 Other expenses (describe ► See Statement 3 17 Total expenses (add lines 10 through 16)	17 142,873.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN, UT	18 -45,089.
N S		1 7/5 516
N E	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) See Statement 4	19 1,745,516. 20 -283,180.
Š	20 Other changes in het assets or fund balances (attach explanation)	21 1,417,247.
D	21 Net assets or fund balances at end of year. Combine lines 18 through 20 art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inste	
LE:	(See the instructions for Part II.)	
2	1 720 704	
2		23
2		
2	1 745 516	
_	6 Total liabilities (describe >)	. 26 0.
2	1 745 516	
-	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	Form 990-EZ (2008)

Form 990-EZ (2008)

TEEA0803L 09/18/08

Form 990-EZ (2008) Blue Envelope He	ealth Fund			-600	6173 Page 2
Part III Statement of Program Ser			ons.)		Expenses
What is the organization's primary exempt purpose? Fix	nancial Medical As	<u>sistance</u>			uired for 501(c)(3)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses in a clear and co	ncise manner,	and ((4) organizations and (a)(1) trusts, optional
program title.	persons benefited, or other i	elevant information for	eacn	for of	thers.)
28 See Statement 6					
		· 		1	
				1	i
				28a	5,355.
				20a	<u> </u>
29 The organization gives mo	 			-	
assisting health related	functions	·		- 1	
			-		
(Grants \$ 105,130.) If the	is amount includes foreign gr	ants, check here	>	29a	105,130.
30		. 			
					1
(Grants \$) If th	is amount includes foreign gr	ants, check here	•	30 a	
31 Other program services (attach schedule	·) .				
(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	
32 Total program service expenses (add lir	nes 28a through 31a)		, 🕩	32	110,485.
Part IV List of Officers, Directors,		ployees. (List each oi	ne even if not co	mpens	sated See the instrs.)
	(b) Title and average hours	(c) Compensation (If	(d) Contribution	s to	(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ans and	and other allowances
	to position		deferred compens		
Mark Bower	President			0.	0.
109 Marigold	5.00				
Casper, WY 82604					
Sue Hoag	Vice President	0.		0.	0.
5308 E 22nd St	1.00				
Casper, WY 82609					
Deanna Pickering	Treasurer	0.		0.	0.
330 S. Center St., Suite 100	7.00	l I		•	
Casper, WY 82601	7:00				
	Cognetant	0.		0.	0.
Karen Harrison	Secretary			υ.	٠.
1754 W. Coffman	5.00				
Casper, WY 82604					
			ł		
		-			
		•			
			 		

,	The state of the statement requirement in deficial mistraction v.y		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35				
	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
ı	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
37	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
(Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<u>X</u>
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities. 8 501(a)(3) example the receipts are smaller to the properties of the receipts distinct the receipt th			
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.			ı
1	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
1	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
-	d Enter amount of tax on line 40c reimbursed by the organization			
,	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None			
	Telephone no. (307) Located at 330 S. Center St, Ste 100 Casper WY Telephone no. (307) Located at 330 S. Center St, Ste 100 Casper WY Telephone no. (307) ZIP + 4 82601 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)? 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 a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country:	266 42b	-140 Yes)3 No X
43 44 45	of Form 990-EZ. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44	Yes	N/A N/A No
BA	Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/14/09 Form 990 must be completed instead of Form 990-EZ	rm 99	0-E7	X (2008)
JM/	1 12CAU012L 01/14/03	55		,_500,

	EZ (2008) Blue Envelope Healt			83-600	
Part VI	Section 501(c)(3) organizations and complete the tables for line	s only. All section 5	01(c)(3) organiza		questions 46-49 Statement 7
46 Did ti	the organization engage in direct or indirect oblic office? If 'Yes,' complete Schedule C	ct political campaign act	tivities on behalf of c		Vos. No.
•	he organization engage in lobbying activit		Schedule C, Part II		47 X
	e organization operating a school as desci	, , ,			48 X
	he organization make any transfers to an es.' was the related organization(s) a secti	·	related organization?	,	49a X 49b
	plete this table for the five highest compe	J	er than officers, direc	tors, trustees and key en	<u></u>
recei	ved more than \$100,000 of compensation	from the organization.	If there is none, ente	er 'None.'	
(a)) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None					
Total number	of other employees paid over \$100,000				
51 Com from	plete this table for the five highest compe the organization if there is none, enter "I (a) Name and address of each independent contra	None.'		(b) Type of service	(c) Compensation
None_					
					
				· ·····	
- -					
Total num	ber of other independent contractors rece	Iving over \$100,000	>		
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (uned this return, including accor	mpanying schedules and sta ill information of which prep	atements, and to the best of my k parer has any knowledge	nowledge and belief, it is
Sign	Jeanna Ricke	i.		1/23/20	0/0
Here	Deanna Pickerin	g Treasurer		Date	
	Type or print name and title Preparer's		Date	Check if	Preparer's Identifying Number (See instructions)
Paid Pre-	signature Non-Paid Prepare	er		self- employed ►	<u> </u>
parer's Use	Firm's name (or yours if self-			EIN	
Only	employed), address, and ZIP + 4			Phone no ▶	
	RS discuss this return with the preparer sh	nown above? See instru	ictions		Yes X No
BAA					Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

200

OMB No 1545-0047

2000

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Blue	lue Envelope Health Fund 83-6006173																																		
Part	_			_							St	atι	IS ((AĪ	l or	gar	nıza	tion	ıs r	ทนร	t c	om	ple	te t	his	par	t.)	(see	ın	struc	ctio	ons)			
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8		Αc	omn	nun	ıty tı	rust	des	crib	ed	ın s	ecti	on	170	(b)	(1)(/	4)(v	i). (C	Comp	olete	e Pa	rt 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)																																		
10		,	_				-									-																			
11		' mo	re Ďi	ıldı	civ s	UDD	orte	ed i	orda	anız	atio	ns i	des	crit	ed i	ın s	ectio	n 50)9(a	o(1)	or s	sect	ion :	509(fun a)(2	ction 2). Se	s o	f, or c sectio	arr n 5	y out 09(a) 	the (3).	purp Che	ose ck tl	s of c ne bo	ne or x 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																																		
е	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																																			
g		Sır	ice A	ug	ust 1	7, 2	2006	, ha	as t	he d	orga	nız	atıo	n a	cce	ptec	d any	gift	or	cor	itribi	utio	n fro	om a	iny	of the	e to	llowin	g p	ersor	ns?			V	T No.
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		(ii)	а	fan	ily i	men	nber	01	ap	ers	on	des	crib	ed	ın (ı	ı) at	oove	?														11 g	(ii)		
		(iii) a	35°	% cc	ntro	llec	l en	tity	of a	а ре	rso	n d	esc	rıbe	d in	(1)	or (II)) ab	ove	?											11g	(iii)		
h		Pro	vide	th	e fol	lowi	ng i	nfo	rma	tior	ab	out	the	or	ganı	zatı	ons	the c	orga	anız	atior	ı su	ppo	rts.											
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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

<u>, </u>	(Complete only if you checke	_								
	ion A. Public Support		<u> </u>		<u> </u>					
begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	3	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.)									
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	Total. Add lines 1-3	·····								
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)									
	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support		T	т ==	,	, 				
	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income form unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10					<u> </u>				
12	Gross receipts from related activ	ıtıes, etc. (see ın	structions)				12			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section s	501(c)	(3)		
Sec	tion C. Computation of Pu		•							
14 15	Public support percentage for 20 Public support percentage for 20				•		14	%		
16 <i>a</i>	33-1/3 support test – 2008. If the and stop here. The organization	e organization die qualifies as a pu	d not check the bookingly supported o	ox on line 13, an organization.	d the line 14 is 33	3-1/3 % or m	ore, c	heck this box		
t	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.									
17 a	17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test. The organ	es' test, check this ization qualifies a	s box and stop he is a publicly suppo	re. Explain i orted organiz	n Part ation.	Now the □		
	Private foundation. If the organ	ization did not ch	eck a box on line	, 13, 16a, 16b, 17						
RAA					S	cnedule A (i	orm s	990 or 990-EZ) 2008		

Schedule A (Form 990 or 990-EZ) 2008 Blue Envelope Health Fund [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lir	ne 9 of Part I.)				_	
Sec	ion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
	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 a 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							
7a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
Sec	tion B. Total Support	<u> </u>						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	В	(f) Total
	Amounts from line 6	(2)233	.32/					11
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)							
	Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section 5	501(c)(3) ▶ □
Sec	tion C. Computation of Pu		ercentage					
	Public support percentage for 20			ne 13, column (f)			15	%
	Public support percentage from	•			•		16	%
	tion D. Computation of Inv							
17	Investment income percentage f				umn (f))		17	%
18	Investment income percentage f				***		18	%
19a	33-1/3 support tests - 2008. If t more than 33-1/3%, check this b	he organization d oox and stop here	id not check the b . The organization	ox on line 14, a n qualifies as a p	ublicly supported	organization		- <u>□</u>
	33-1/3 support tests $-$ 2007. If the same is not more than 33-1/3%, check	he organization d k this box and sto	id not check a box p here. The organ	k on line 14 or 19 lization qualifies	Pa, and line 16 is r as a publicly supp	nore than 33 orted organi	3-1/3%, zation	and line 18
20	Private foundation. If the organ	ization did not che	eck a box on line	14, 19a, or 19b,	check this box and	i see instruc	tions	

Schedule /	A (For	m 99	0 or 9	90-EZ	2008	B1	ue	Env	relop	ре	Health	Fun	d	83- explanation required additional information	-6006173	Page 4
Part IV	Su	pple	ment	al In	forma	tion.	. Coi	mple	ete th	IIS	part to p	rovid	e the	explanation required	by Part II, line 16	0;
<u>, </u>	Par	t II,	line	17a c	<u>r 17b</u>	; or f	Part	<u> </u>	line 1	12.	Provide	any o	<u>other</u>	additional information	ı. (see ınstructior	ns)
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury

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

nternal Revenue Service				, , , , , , , , , , , , , , , , , , ,		
Name of the organization	_				Employer Identifica	
Blue Envelope Health					83-600617	
Part Fundraising Activit	ties. Complete if	the orga	<u>anızatıor</u>	answered 'Yes' to	Form 990, Part IV	/, line 17.
1 Indicate whether the organiz Mail solicitations Email solicitations	ation raised funds thr	ough any	of the foll	owing activities. Check Solicitation of non-i	government grants	
Phone solicitations				Special fundraising	=	
In-person solicitations						
2a Did the organization have wr employees listed in Form 99						
b If 'Yes,' list the ten highest p compensated at least \$5,000	aid individuals or ent by the organization.	ities (fund Form 990	fraisers) p EZ filers a	ursuant to agreements are not required to com	plete this table	iser is to be
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						[<u>.</u>
<u> </u>						
	-					
·						
			<u> </u>			
Total			•	<u></u>		
3 List all states in which the or or licensing	rganization is registei	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration
	-					
						
		- -				
						
						

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. (d) Total Events (a) Event #1 (b) Event #2 (c) Other Events (Add col. (a) through col. (c)) Blood Drives (event type) (event type) (total number) REVERUE 19,089. 19,089. 1 Gross receipts 2 Less: Charitable contributions 19,089. 19,089. 3 Gross revenue (line 1 minus line 2) 4 Cash prizes. DIRECT 5 Non-cash prizes 6 Rent/facility costs EXPENSES 7,016. 7,016. 7 Other direct expenses 7,016. 8 Direct expense summary. Add lines 4- through 7 in column (d) 12,073. 9 Net income summary. Combine lines 3 and 8 in column (d) 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. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo REVENUE (Add col (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes EXPENSE DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 윻 용 Yes 왕 Yes Yes Volunteer labor 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) YES NO 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? 9a b If 'No,' Explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain. Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to 12 administer charitable gaming? Schedule **G** (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 Blue Envelope Health Fund	3-6006173	F	Page 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	8		
b An outside facility	8		
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 of gaming revenue retained by the third party \$	-	5a	
c If 'Yes,' enter name and address:			
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 restate gaming license?	<u> </u>	7a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or sper	nt in the		
organization's own exempt activities during the tax year: ▶ \$			<u></u>
BAA TEEA3703L 07/18/08 Schedu	le G (Form 990 d	or 990-E2	Z) 2008

2008.	Federal Statements		Page 1
•	Blue Envelope Health Fund		83-6006173
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninvent			
Gross Sales Price: Cost or Other Basis:	464,065. 531,689.		
	Total Gain (Loss) Publicly Traded	Securities 🖺	-67,624.
	Total Net Gain (Loss) From Noninven	tory Sales <u>\$</u>	-67,624.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pa Donee's Name: Cash Amount Given:	id CPR Program	\$	105,129.
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Bank Fees Corporate Fee Depreciation Events Center Foreign Income Tax Insurance Investment Fees Office Expense Patient Assistance Rental Supplies Telephone Travel		\$ Total \$	5,217. 205. 75. 1,239. 402. 95. 4,602. 11,463. 220. 3,715. 369. 42. 76. 215. 27,935.

Statement 4 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments

Total $\frac{$}{$}$ $\frac{-283,180}{-283,180}$.

2008

Federal Statements

Page 2

Blue Envelope Health Fund

83-6006173

Statement 5 Form 990-EZ, Part II, Line 24 Other Assets

Machinery and Equipment

	<u>Be</u>	ginning	<u>Ending</u>						
	\$	6,812.	\$	10,963.					
Total	\$	6,812.	\$	10,963.					

Statement 6 Form 990-EZ, Part III, Line 28 **Statement of Program Service Accomplishments**

The organization sponsors a community health program which includes a health fair and direct aid to those people in need of assisstance in paying medical bills. Direct assistance was given to cancer patients and heart patients.

Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No