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JAN 1 4 2010

# TMARK DAILE 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)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2008 calendar year, or tax year beginning 2008, and ending 20 C Name of organization 390th Memorial Museum Foundation, Inc. Employer identification number B Check if applicable: use IRS Doing Business As 2764158 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Boom/suite E Telephone number Name change type. 6000 E. Valencia Road 520) 574-0287 Initial return Specific City or town, state or country, and ZIP + 4 Instruc ☐ Termination Tucson, AZ 85756 Amended return G Gross receipts \$ 915.228 F Name and address of principal officer: Don Brooks, President Application pending H(a) Is this a group return for affiliates? Yes Same as C above H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status: 4947(a)(1) or ✓ 501(c) ( 3 ) 

✓ (insert no.) If "No," attach a list. (see instructions) Website: ▶ www.390th.org H(c) Group exemption number ▶ Type of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1981 M State of legal domicile: AZ Part Summary Briefly describe the organization's mission or most significant activities: The mission of this foundation is to educate the public regarding the history of the 390th Bomb Group and the 8th Air Force and their activities and roles in the national defense through programs of collection, exhibition, interpretation, preservation, conservation and restoration, education, research, reference and publication. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a). . . . . . . . 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 Total number of employees (Part V, line 2a) . . . 6 35 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 0 b Net unrelated business taxable income from Form 990-T, line 34, 0 **Prior Year Current Year** 231,744 613,977 Contributions and grants (Part VIII, line 1h) 90.822 3.893 Program service revenue (Part VIII, line 2g) . 93,976 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 59,494 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11.769 (6.497)Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 428,311 670,867 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 Benefits paid to or for members (Part IX, column (A), line 4) . 63,357 72,441 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 66,499 161,418 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 233,859 129,856 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 298,455 437.008 5 Beginning of Year **End of Year** Belan 2,403,990 2,838,569 20 Total assets (Part X. line 16) . 4,515 Total liabilities (Part X, line 26) 2,086 21 Net assets or fund balances. Subtract line 21 from line 20 2,399,475 2,836,483 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 Signature of officer Here EXECUTIVE DIRECTOR HOMAS

Type or print name and title Check if Date

Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ 🔲 Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP +

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form 990 (2008)

Yes

No

1	Briefly describe the organization's mission:
	The mission described in Part I, line 1 is accomplished through direct visitor contact, advertising and newsletters, and a substantial web site in the internet.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
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.
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.
<b>4a</b>	(Code:) (Expenses \$
	to porter in 1000s on the victor and 31 oop initially operations.
	•
4b	(Code:) (Expenses \$0 including grants of \$) (Revenue \$0)
4c	(Code:) (Expenses \$0 including grants of \$0 ) (Revenue \$0)
	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
40	Total program service expenses ▶ \$ 79.949 (Must equal Part IX. Line 25, column (B).)

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>\</b>	
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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
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.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
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	12		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
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	14b		1
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	15		✓
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	16		/
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
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	21		✓
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
		24d		✓
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	25a		✓
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	25b		✓
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	26		✓_
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	27		✓

## 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:	. y	44	
а	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		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			10
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</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		<b>X</b>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	7	1 35
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a 3b	7	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	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	- 469	✓.
b	If "Yes," enter the name of the foreign country: ▶			300
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b		5b		<b>                                     </b>
C	Regarding Prohibited Tax Shelter Transaction?	5c 6a		1
	Did the organization solicit any contributions that were not tax deductible?	Ua_		┰
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Sec.	Sec. 12
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	78/8/20	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	382	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>├</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		$\vdash$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
_	required?		***	392
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		12 Mar.
10	Section 501(c)(7) organizations. Enter:	1777	變	1
а	Initiation fees and capital contributions included on Part VIII, line 12			12
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>**</b>	1
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from members of shareholders			£ .
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a	234	

Part VI 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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	7.00 10.00	1 E 44()	蘇
	circumstances, processes, or changes in Schedule O. See instructions.		1	\$50.
1a	Enter the number of voting members of the governing body	3	2	i ak
b	Enter the number of voting members that are independent	4		£
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	X.	
	any other officer, director, trustee, or key employee?	2_		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		<b>✓</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>√</b>
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			١.
	of the governing body?	7a		<b>✓</b>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	· · · · · · · · · · · · · · · · · · ·	<b>/</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	虚整	3	
	the year by the following:	REAL PROPERTY.	3	ممكن
а	The governing body?	8a	<b>V</b>	
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	<u>9a</u>		<b>✓</b>
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	1	
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		
Sac	tion B. Policies			
000	tion b. Folioles		V	
40-	Development of the bound of the second of th	12a	Yes	No ✓
	Does the organization have a written conflict of interest policy? If "No," go to line 13	128		
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		<b>√</b>
13	Does the organization have a written whistleblower policy?	13 14		<b>V</b>
14	Does the organization have a written document retention and destruction policy?	14	4 4	<b>√</b> -1
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:			ار ا المشاهد
а	The organization's CEO, Executive Director, or top management official?	15a		✓
b	Other officers or key employees of the organization?	15b		<b>✓</b>
	Describe the process in Schedule O. (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	177		
	with a taxable entity during the year?	16a		<b>✓</b>
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			7.1
000	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶Arizona			· • • • • • • • • • • • • • • • • • • •
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	)(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 inte	erest	
	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 reco organization: ► Thomas C. Drugan, 6000 E. Valencia Road, Tucson, AZ 85756. Phone (520) 574-0287	rds of	the	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co		any o	offic			ctor,	trus			
(A)	(B)	_		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Don Brooks	4							0	0	0
President, Director	ļ <u> </u>	_		1			_			
Frank Drain Vice President, Director	.6	1		1				0	0	0
Allan Moller Secretary, Director	4	1		1				0	0	0
Richard Bushong Treasurer, Director	2	1		1				0	0	0
William MacVicar Director	.6	1						0	0	0
James May Director	.6	1						0	0	0
Mary Truitt Director	.6	1						0	0	0
Vonna Husby Director	.6	<b>√</b>						0	0	0
Janie McKnight Director	.6	1						0	0	0
Thomas Drugan Executive Director	40					1		44,000	0	0

Part VII	Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	<b>ees</b>	, an	d Hig	hes	Compensate	d Employees (co	ontinued)	
	(A) Name and title	(B) (C) Average Position (check all that ap							(D)	(E)	(F)	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
No Additi	onal				Γ				-			
•••••												
1b Total	<u> </u>							<b>•</b>				
	number of individuals (including those ization ► None	e in 1a) wh	no rec	eive	ed r	nore	thar	1 \$1	00,000 in repo	ortable compens	Yes N	
	ne organization list any former office byee on line 1a? If "Yes," complete S							•	o, or highest o	•	3 🗸	
the o	ny individual listed on line 1a, is the s rganization and related organizations dual	greater tha	ın \$15	50,0	007	If "	Yes,"	cor	nplete Schedu	nsation from	4 /	
5 Did a	ny person listed on line 1a receive ses rendered to the organization? If "	or accrue	com	en:	satio	on 1	from	anv	unrelated org	anization for	5 🗸	
	. Independent Contractors											
1 Comp	elete this table for your five highest coensation from the organization.	mpensate	d ind	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000 of	
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation	
None												
						_						
								_				
	number of independent contractors pensation from the organization ► N	(including tone	those	in	1) w	/ho	recei	ved	more than \$10	00,000 in		

art VII		Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts	b	Federated campaigns Membership dues . Fundraising events Related organizations Government grants (contra	1a 1b 1c 1d 1d 1e	0 40,295 0 0	-			
and other simi	f g	All other contributions, gifts, gand similar amounts not include Noncash contributions include Total. Add lines 1a-1f	grants, ded above 1f	573,682	613,977		10 mg	
Sevenue	2a	Bomb Group Antholo History of the 390th E		900099 900099	960 2,625			960 2,625
Program Service Revenue	b d	Museum History Boo	k	900099	308			308
Program	e f g	All other program servi Total. Add lines 2a-2f		•	3,893			
	3	Investment income (incother similar amounts) Income from investment of		🕨	66,457 0			66,457
	5	Royalties	(i) Real	(ii) Personal	0			
	b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo			0	A STATE OF THE STA	a user	
	7a	assets other than inventory	(i) Securities 210,269	(ii) Other	, 9	1 400		u -
	_	Less: cost or other basis and sales expenses . Gain or (loss)	217,232 (6,963)	0		A STAR A	A STATE OF THE STA	
Jue	d	Net gain or (loss) Gross income from	fundraising	•	(6,963)	s confidence	nd-	* .
Other Reven		events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).	0	and and	1 C.		
5	С	Less: direct expenses Net income or (loss) fro	m fundraising e ا	vents ►	0			
	b	Gross income from gam See Part IV, line 19 Less: direct expenses.	a	0	,	,	,	
	10a b	Net income or (loss) from Gross sales of inverteurns and allowances Less: cost of goods soll Net income or (loss) from	intory, lessa	20,632 27,129	(6,497)		ingle :	
ŀ	<u> </u>	Miscellaneous Reve		Business Code	(0,437)			,
ļ	l 1a b c	None  All other revenue						
	е	Total. Add lines 11a-11 Total Revenue. Add lin	d		0			
		9c. 10c. and 11e		o, ou, ru, oo,	670,867	,	i	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	ot required to comp	olete columns (B), (	C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0		ng g Managang ang ang ang ang ang ang ang ang	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		kur understein b	
5	Compensation of current officers, directors, trustees, and key employees	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)	44,000	13,200	22,000	8,800
7	Other salaries and wages	22,983	912	21,571	500
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	5,458	1,150	3,550	758
11	Fees for services (non-employees):				
а	Management	0	<del></del>		
b	Legal	76,937		76,937	
C	Accounting	0			
d		0			<del></del>
_	Professional fundraising services. See Part IV, line 17	0	المعاللات المساد المعالم	and the second	
T	Investment management fees	14,584	14,584		<del></del>
g	Other	14,304	17,507		
12 13	Advertising and promotion	13,779	4,886	8,893	
14	Office expenses	0			
15	Royalties	0			
16	Occupancy	8,603	8,603		
17	Travel	5,457		5,457	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization.	0			
23	Insurance	2,097		2,097	The state of the s
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			<u>}</u>	
	5% of total expenses shown on line 25 below.)	Planta	200		4.00
a	Operating Supplies	3,805 9,734	3,642		<u> </u>
b	Repairs, Maintenance	18,911	9,038	696	708
C	Outside Printing	5,731	18,203		700
d	Volunteer Apparel, Recognition Bank Fees	1,780	5,731	1,780	
0		1,780		1,700	
25	All other expenses  Total functional expenses. Add lines 1 through 24f	233,859	79,949	142,981	10,929
26	Joint Costs. Check here ▶ ☐ if following	200,003	19,545	172,301	10,323
	SOP 98-2. Complete this line only if the	[			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	o	0	o	0
					Form 990 (2008)

Pa	rt X	Balance Sheet					
			(A) Beginning of year		End (	<b>B)</b> of year	
	1	Cash—non-interest-bearing	271,995	1			1,704
	2	Savings and temporary cash investments	0	2			0,000
	3	Pledges and grants receivable, net	0	3			-,
	4	Accounts receivable, net	1,300	4			1,375
	5	Receivables from current and former officers, directors, trustees, key					
	•	employees, or other related parties. Complete Part II of Schedule L .	0	5			_ 0
	6	Receivables from other disqualified persons (as defined under section			W/ 773		. 3
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
	}	Part II of Schedule L	0	6			0
ş	7	Notes and loans receivable, net	0	7			0
Assets	8	Inventories for sale or use	64,870	8		51	8,867
ĕ	9	Prepaid expenses and deferred charges	1,178	9			2,677
	10a	Land, buildings, and equipment: cost basis 10a 553,764		200	dix.c.	32.23	2
	ь	Less: accumulated depreciation. Complete			Ly char		
	-	Part VI of Schedule D	509,244	10c		553	3,764
	11	Investments—publicly traded securities	1,555,231	11		1,620	0,010
	12	Investments—other securities. See Part IV, line 11	0	12			0
	13	Investments—program-related. See Part IV, line 11	0	13			0
	14	Intangible assets		14			0
	15	Other assets, See Part IV, line 11	172	15			172
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,403,990	16		2,838	8,569
	17	Accounts payable and accrued expenses	2,495	17	ļ <u>.                                    </u>		<u>1,586</u>
	18	Grants payable	0	18	ļ		0
	19	Deferred revenue	500	19			500
	20	Tax-exempt bond liabilities	0	20			0
es	21	Escrow account liability. Complete Part IV of Schedule D	0	21			0
Liabilities	22	Payables to current and former officers, directors, trustees, key		4		Dentar.	tige (
jab		employees, highest compensated employees, and disqualified				1	5 / 4 <del> </del>
_		persons. Complete Part II of Schedule L	0		ļ		0
	23	Secured mortgages and notes payable to unrelated third parties	0		ļ		0
	24	Unsecured notes and loans payable	0	-			0
	25	Other liabilities. Complete Part X of Schedule D	1,520		<del> </del>		0
	26	Total liabilities. Add lines 17 through 25	4,515	26		Sarasa Sarasa	2,086
es		Organizations that follow SFAS 117, check here ▶ ☐ and					
		complete lines 27 through 29, and lines 33 and 34.		323		100	
ē	27	Unrestricted net assets		27	<del>}                                    </del>		
ä	28	Temporarily restricted net assets		28	<del> </del>		
Ē	29	Permanently restricted net assets	Market and September 1	29	Section 20	<u> </u>	<del></del>
Ī		Organizations that do not follow SFAS 117, check here ► ☑				N. Wall	100
Net Assets or Fund Balanc		and complete lines 30 through 34.	Service Servic	00	G. Ser Sand	A	
ets	30	Capital stock or trust principal, or current funds	0	30	<del> </del>	<del></del>	0
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	2 200 475	31	<del> </del>	2 026	<u> </u>
¥ /	32	Retained earnings, endowment, accumulated income, or other funds	2,399,475	32	<del> </del>	2,836	0,463
ž	33 34	Total net assets or fund balances	0 403 000	33	<del> </del>	2 020	
Do	rt XI		2,403,990	34	<u> </u>	2,838	3,309
ra	ILLYI	Financial Statements and Reporting				Tv	l No
_			1		3,30	Yes	No
1		ounting method used to prepare the Form 990:   Cash  Accrual					./
2a		e the organization's financial statements compiled or reviewed by an inc	•	7.		+-	1
b		e the organization's financial statements audited by an independent acc			. 2b	<del>                                     </del>	+
C		es" to lines 2a or 2b, does the organization have a committee that assumes	•	-	_	'	
_		audit, review, or compilation of its financial statements and selection of an in				<del> </del>	<del> </del>
3a		result of a federal award, was the organization required to undergo an				[  ]	1
L		Single Audit Act and OMB Circular A-133?			3a 3b	┼──	<del>                                     </del>
Ų	' II T	55, VIU LIE VIYALIIZALION UNUELYO LIE TEQUIEU AUGIL OL AUGILS ( , , ,			30	'	L

#### **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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 390th Memorial Museum Foundation, Inc. 2764158

Pa	rt I	Reason	for Public Ct	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (s	ee instru	ctions	<del>-</del>	
The	orga	anızation is n	ot a private four	ndation because it is:	(Please o	heck onl	y <b>one</b> org	ganizatio	n.)	-			
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(	A)(i).			
2		A school de	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)							
3		A hospital o	r a cooperative I	hospital service organ	ization d	escribed	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	(Attach S	Schedu	le H.)	
4				ation operated in conj		with a ho	spital de	scribed i	n <b>sectior</b>	170(b)(1	)(A)(iii)	. Ente	r the
			-	ate:		· · · · · · · · · · · · · · · · · · ·							
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the property of the colle	ge or uni	versity ov	wned or o	operated	by a gov	ernmenta	l unit d	escrit	oed ir
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Z			y receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental uni	it or from	the ger	neral p	oublic
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9		An organization that normally receives: (1) more than 33%% 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%% 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 11		An organization purposes of	tion organized a one or more pul	nd operated exclusive and operated exclusive blicly supported organ at describes the type	ely for th	ne benefi describe	t of, to p d in secti	oerform t on 509(a)	he functi )(1) or se	ons of, o ction 509(	r to ca a)(2). S	irry oi see <b>se</b>	ut the
				_					*		. •		<b></b>
е		persons other	this box, I cert	tify that the organizat on managers and othe	ion is no		led direc	tly or inc	directly b	y one or		disqua	alified
f			ization received , check this box	a written determinati	on from	the IRS	that it is	a Type	l, Type II	, or Type	III sup	porti	ng _
g		_	st 17, 2006, has	the organization acce	pted any	gift or c	ontributio	on from a	iny of the	• • • •	• •		L
		(i) A persor	who directly or	r indirectly controls, e				th persor	ns descri	bed in (ii)	11g(i)	Yes	No
			-	rson described in (i) a		<b>J</b>	•				11g(ii)		
				of a person described		(ii) above	?				11g(iii)		
h			-	ation about the organ				upports.	• • •			L	
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?		Amoun' upport	
					Yes	No	Yes	No	Yes	No			
									ļ				
	_												

Pai	Support Schedule for Org (Complete only if you check	anizations D	escribed in on line 5, 7, c	Sections 170 or 8 of Part I.)	D(b)(1)(A)(iv)	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support		· <del>-</del>				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	149,526	147,140	137,935	318,253	613,977	1,366,831
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1-3	149,526	147,140	137,935	318,253	613,977	1,366,831
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)						593,398
6	Public support. Subtract line 5 from line 4.						773,433
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	149,526	147,140	137,935	318,253	613,977	1,366,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,194	48,481	56,550	67,209	66,457	274,891
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	25,399	22,247	25,560	25,605	24,525	123,336
11	Total support. Add lines 7 through 10 .					<del></del>	1,765,058
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · · · · · · · · · · · · · · · · · ·	d, third, fourth,	=		on 501(c)(3)
	tion C. Computation of Public Sup						44 5:
14	Public support percentage for 2008 (line	6, column (f) div	rided by line 11	, column (f))		14	44 %
15	Public support percentage from 2007 Sch					15	55 %
16a	and stop here. The organization qualifies	as a publicly s	upported orgar	nization			▶ 🗆
b	33% % support test—2007. If the organization qua			•			
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and organization meets the "facts-and-circumstances test – 20 more, and organization meets the "facts-and-circumstances test – 20 more, and organization meets the "facts-and-circumstances test – 20 more, and organization meets the "facts-and-circumstances" the "facts-and-circumstances test – 20 more, and organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the	acts-and-circum	nstances" test,	check this box a	and <b>stop here.</b>	Explain in Part	IV how the
b	10%-facts-and-circumstances test-2007 more, and if the organization meets the "facts-and-circumstance test-2007" more, and if the organization meets the "facts-and-circumstance test-2007" more test-2007 more test-200	acts-and-circum: nces" test. The o	stances" test, c organization qua	heck this box a llifies as a public	nd <b>stop here.</b> ly supported org	Explain in Part ganızation	IV how the ▶ □
18	Private foundation. If the organization did	not check a box	x on line 13, 16a	a, 16b, 17a, or 1	7b, check this l	oox and see ins	tructions ► □

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	Section A. Public Support								
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513							<del> </del>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge							_	
6 7a	Total. Add lines 1-5  Amounts included on lines 1, 2, and 3								
b	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			L					
8	Public support (Subtract line 7c from line 6.)								
_	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
9	Amounts from line 6					<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
с 11	Add lines 10a and 10b								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	•			a section	n 501(c)(3) 	
	etion C. Computation of Public Su		<del></del>	- 10!	(6)	145			<u> </u>
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 §					15	<del></del>		<u>%</u> %
	tion D. Computation of Investmen			<u> </u>		<u> </u>			/0
<u> </u>	Investment income percentage for 200		<del></del>	t by line 13 o	olumn (fl)	17		· · · · · · · · · · · · · · · · · · ·	%
17 18	Investment income percentage for 200	-	• • •	•	Olumin (1)) .	18			<del>%</del>
19a							an 331/3 9	6, and line	
	17 is not more than 331/3 %, check this b								
b	331/3 % support tests - 2007. If the organ line 18 is not more than 331/3 %, check this	nization did not s box and <b>stop</b>	check a box or here. The orga	ı line 14 or lıne nızation qualifie	19a, and line 1 es as a publicly	6 is mo support	re than 3 ted organ	33⅓ %, and nization ▶	· 🗆
20_	Private foundation. If the organization	did not check	a box on line	4, 19a, or 19b	, check this be	ox and	see instr		· 🗀

Schedule A (Form 990 or 990-EZ) 2008					
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)				
Part II, Sec	tion B, Line 10:				
Represents	receipts from the sale of shirts, caps, insignias and other memorabilia of the 390th Bomb Group and the 390th				
Memorial N	luseum Foundation, Inc. These items serve to commemorate visitors' experiences at the museum and to				
reinforce o	ur mission to educate the public regarding the facts surrounding World War II and the legacy of courage				
and sacrific	ce established by our airmen.				

#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection

Nam	e of the organization	Employer Identification number
390	th Memorial Museum Foundation, Inc.	94 2764158
Pa	Organizations Maintaining Donor Advised Funds or Other Similar F the organization answered "Yes" to Form 990, Part IV, line 6.	unds or Accounts. Complete if
	(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 he funds are the organization's property, subject to the organization's exclusive legal cor	
6	Did the organization inform all grantees, donors, and donor advisors in writing that granteed only for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	ant funds may be or or other
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" t	o Form 990, Part IV, line 7.
1 2		of an historically important land area of certified historic structure form of a conservation easement
	on the last day of the tax year.	Held at the End of the Yea
	Tabel words of a constant of a	
a	Total number of conservation easements	· · · <del></del>
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a) .	· · · · · · · · · · · · · · · · · · ·
ď	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or to 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, inspect enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements of	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements duri	ng the year► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	financial statements that describes
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	search in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	earch in furtherance of public service
	(ii) Revenues included in Form 990, Part VIII, line 1	> \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, line 1	

Р	age	2

Schedule	0	(Form	990	2008
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Par	t III Organizations Maintaini	ng Collections o	f Art, Histori	cal Treasure	es, or Ot	her Similar	Assets (c	ontin	ued)
3	Using the organization's accession items (check all that apply):	and other records	, check any o	f the following	that are	a significant	use of its	colle	ection
a	Public exhibition		d 🛄	Loan or excl	hange pro	ograms			
b	Scholarly research		e 📙	Other					
C	Preservation for future generat	ions							
4	Provide a description of the organiz Part XIV.	ation's collections	and explain h	low they furth	er the org	janization's e	exempt pu	rpose	in
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?								
Pa	Trust, Escrow and Custo Part IV, line 9, or reported				ion answ	ered "Yes"	to Form 9	90,	
	Is the organization an agent, trusted included on Form 990, Part X?				itions or o	other assets	not Y	es 🗸	] No
þ	If "Yes," explain the arrangement in	Part XIV and com	plete the follo	wing table:	[I		Amazzak		
							Amount	——	
C	Beginning balance								
d	Additions during the year						<del></del> .		
•	Distributions during the year								
f	Ending balance				. 11	L			
Ь	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.					<u> </u>	es L	J No
Pai	t V Endowment Funds. Co								
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d	d) Three years ba	ack (e) Fou	r years	back
1a	Beginning of year balance	1,555,231	studential	بدو سخيد مارست	e de la companya de La companya de la co	بهشید در در در در در در			
b	Contributions	5,285	de la companya della			en e	STORY TO STORY		
c	Investment earnings or losses .	59,494	Alba and an artist and a second	a i e di malanda da sana ya Mandalari da	•				
d	Grants or scholarships		Minama e se						
е	Other expenditures for facilities and programs		and the second second	and for a second or an analysis				, ,	
f	Administrative expenses	14			منطو أأأدب بمانجون			valuation.	34.75
g	End of year balance			and the same of the same			<b>建</b> 多类		經濟
2	Provide the estimated percentage of	f the year end bala	ance held as:						
а	Board designated or quasi-endowm	•							
b	Permanent endowment ▶								
C	Term endowment ▶%								
38	Are there endowment funds not in the		organization	that are held s	and admir	istered for th	10		
•	organization by:	o possession or an	organization	wat are noise t	and donnin	iistoroa ioi ti		Yes	No
	(i) unrelated organizations						3a(i)		<b>1</b>
	mm and a series of the series	· · · · · · · ·					3a(ii)		1
b	If "Yes" to 3a(ii), are the related orga	anizations listed as	required on	Schedule R?			. 3b		
4	Describe in Part XIV the intended us	ses of the organiza	ition's endowr	nent funds.			<del></del>		
Par	t VI Investments—Land, Bu	ildings, and Equ	ipment. See	Form 990, F	art X, lir	те 10.			
	Description of investment	(a) Cost or oth (investme		Cost or other asis (other)	(c) De	preciation	(d) Boo	k value	,
18	Land	0					(	)	
b	Buildings	0		438,993		0	438.	993	
C	Leasehold improvements	0		0		0	(		
d	Equipment	0		59,377		0 59,377			
	Other	0		55,394		0	55,		
	. Add lines 1a-1e. (Column (d) should e		X. column (B).						,764
	<del></del>		·	<u> </u>					

Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	uation arket value
Financial derivatives and other financial products	0		
Closely-held equity interests			
Other	<del>-</del>		
	· <del> </del>		<del></del>
			<del></del>
	·· <del> </del>		
			<del></del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			新子子を子子となった。 大
Part VIII Investments – Program Relat	ed. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
None			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
			<del></del>
	<del></del>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		THE WAR THE STATE OF THE STATE	45.
Part IX Other Assets. See Form 990, P			<del>,</del> -
	(a) Description		(b) Book value
Deposits	<del></del>		172
			<del> </del>
	<del></del>		<del> </del>
			<u> </u>
	<del></del>		<del> </del>
	<del></del>		<u> </u>
	1 (2) (1)		
Total. (Column (b) should equal Form 990, Part X, c Part X Other Liabilities. See Form 990		<del> </del>	172
(a) Description of Ilability	(b) Amount		
Federal income taxes		0	
Todal Intollia Carto			
· · · · · · · · · · · · · · · · · · ·	<del></del>		
······································	<del> </del>		
	<del> </del>		
- 1 (0 L - 0 L - 1 L - 0 0 0 1 L - 1 0 0 0 1 L - 1 0 0 0 0 1 L - 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<del></del>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶			727 Y

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.

Pai	T XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts					
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	N/A				
2	Total expenses (Form 990, Part IX, column (A), line 25)	2					
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	·				
4	Net unrealized gains (losses) on investments	4					
5	Donated services and use of facilities	5					
6	Investment expenses	6					
7	Prior period adjustments	7					
8	Other (Describe in Part XIV)	8					
9	Total adjustments (net). Add lines 4–8	9					
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10					
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per					
1	Total revenue, gains, and other support per audited financial statements	1	N/A				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	gen Je					
a	Net unrealized gains on investments						
b	Donated services and use of facilities	_					
C	Recoveries of prior year grants						
d	Other (Describe in Part XIV)	_					
8	Add lines 2a through 2d	26	<del> </del>				
3	Subtract line 2e from line 1	3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a						
b	Other (Describe in Part XIV)						
C	Add lines 4a and 4b		<del></del>				
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		<del></del>				
Pa	1 XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses p	<del></del>				
1	Total expenses and losses per audited financial statements	1	N/A				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	£4 .					
а	Donated services and use of facilities	_	Į.				
þ		_					
C	Losses reported on Form 990, Part IX, line 25		1				
d		_					
0	Add lines 2a through 2d	20					
3	Subtract line 2e from line 1	3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_88	* *				
Ь	Other (Describe in Part XIV)						
C	Add lines 4a and 4b	4c	<del> </del>				
_5_	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	<u></u>				
	t XIV Supplemental Information		<del></del>				
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		Part IV, lines 1b				
Pai	t V - Endowment Funds: This is a Quasi-Endowment fund established by the Board of Direc		• •				
mu	museum in the event that future donations are not sufficient for continued operation. By policy, the securities in the						
End	Endowment Fund are reported at original cost. Market value of these securities at December 31, 2008 is \$1,510,655.						
	•						
			•••••				

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

:

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Employer identification number

390th Memorial Museum Foundation, Inc.	94	2764158
PART VI - SECTION A:		
Line 10: A final copy of the Form 990 is provided in electronic form to all members of t	he Boa	ard prior to filing. Board
members have the opportunity to examine and question items on the form, but no formal	review	is or will be conducted.
PART VI - SECTION B:		
Lines 12, 13, and 14: The Board recognizes the importance of documenting governance	e polic	ies. Accordingly, the
staff is in process of drafting formal policy statements regarding; (a) conflict of interest wi	th ann	ual member affirmation,
(b) protection of whistle blowers, and (c) document retention. These drafts are scheduled	for rev	view and approval at the
next annual Board of Directors meeting in March 2010.		•••••
Line 15: Salaries are established by the full Board of Directors following evaluation of	each e	mployee's performance
and the needs and available resources of the organization.		•••••
PART VI - SECTION C:		•••••
Line 18: Printed copies of the Form 990 for the current year and the previous four year	s are n	naintained in the business
office. These forms are available upon request for public review during normal business I	nours.	
Line 19: Organization policy statements are available in the business office during nor	mal bu	siness hours. Upon
request, members of the public may view these documents. Financial statements, other ti	an the	financial data included
in the Form 990, are not available to the public.		
AMENDED FORM 990:		•
On Schedule A, a clerical error resulted in incorrectly reporting amounts received that	vere p	roperly classified as
"unusual grants." Such amounts were inadvertantly added to regular donations rather tha	ın sub	tracted.
•••••••••••••••••••••••••••••••••••••••		•••••
•		
		•••••