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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

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 organizations 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 reporting requirements.

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change		FLUOR COMMUNITY INVOLVEMENT TEAM	95-3621964
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return		6700 LAS COLINAS BLVD	469-398-7000
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4	F Group Exemption Number . . . ▶
<input checked="" type="checkbox"/> Amended return		IRVING, TX 75039	
<input type="checkbox"/> Application pending			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Organization type (check only one) - ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally 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.

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 . . . ▶ \$ 337,511.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	57,353.
	2 Program service revenue including government fees and contracts	2	279,746.
	3 Membership dues and assessments	3	
	4 Investment income	4	412.
	5 a Gross amount from sale of assets other than inventory 5a		
	b Less cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		0.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1) 6a		
b Less direct expenses other than fundraising expenses 6b			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c		0.	
7 a Gross sales of inventory, less returns and allowances 7a			
b Less cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		0.	
8 Other revenue (describe ▶) 8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9		337,511.	
Expenses	10 Grants and similar amounts paid (attach schedule) 10		172,551.
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		
	13 Professional fees and other payments to independent contractors 13		
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		
	16 Other expenses (describe ▶ Misc 91, Operating Costs Golf for Fort Bend 80,166) 16		80,257.
	17 Total expenses. Add lines 10 through 16 17		252,808.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		84,703.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		40,497.	
20 Other changes in net assets or fund balances (attach explanation) 20			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		125,200.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,497.	22 125,200.
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	40,497.	25 125,200.
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,497.	27 125,200.

659
1060

Expenses

t (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

JSA

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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		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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE		
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
39a		
b Gross receipts, included on line 9, for public use of club facilities		
39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE		
b Section 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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
▶ NONE		
d Enter amount of tax on line 40c reimbursed by the organization		
▶ NONE		
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		X
41 List the states with which a copy of this return is filed. ▶ CALIFORNIA		
42a The books are in care of ▶ KAREN MONTEVIDEO Telephone no. ▶ 949-349-2000		
Located at ▶ 1 ENTERPRISE DRIVE, ALISO VIEJO CA ZIP + 4 ▶ 92656-2606		
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)?		X
If "Yes," enter the name of the foreign county: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form **990-EZ** (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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. **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☒ No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☒ No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
 b If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ Yes ☒ No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 ▶		

Sign Here 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.

Signature of officer Edward J. Kowalchuk Date 11-13-10

Type or print name and title Edward J. Kowalchuk Treasurer

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no _____

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☒ No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

FLUOR COMMUNITY INVOLVEMENT TEAM

Employer identification number

95-3621964

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 a 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 to 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 it 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?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0.

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 any "unusual grants")	43,672.	55,102.	69,855.	98,289.	57,353.	324,271.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1-3	43,672.	55,102.	69,855.	98,289.	57,353.	324,271.
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 Public support. Subtract line 5 from line 4						324,271.

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.	43,672.	55,102.	69,855.	98,289.	57,353.	324,271.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	513.	432.	374.	505.	412.	2,236.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						326,507.
12 Gross receipts from related activities, etc. (See instructions)					12	279,746.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.3152 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.0600 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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 "fact-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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

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 any "unusual grants.")						0.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	0.	0.	0.	0.	0.	0.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)	0.	0.	0.	0.	0.	0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0.	0.	0.	0.	0.	0.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (Add lines 9, 10c, 11, and 12)	0.	0.	0.	0.	0.	0.
14 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 <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	0.0000 %
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	0.0000 %
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 ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 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 ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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)

Area with horizontal dashed lines for supplemental information.

2008 FCIT 990 EZ filing – additional information

990 EZ Line 31 remaining expenses
Schedule

The Fluor Community Involvement Team (FCIT) is a volunteer task force comprised of Fluor employees and their families and friends who take an active part in carrying out significant social service projects in local communities where Fluor Corporation has an office presence. Projects range from food drives, to holiday parties for the disadvantaged, to construction and renovation of non profit agencies.

In 2008 employee teams carried out more than 100 service projects in Greenville, SC; Dallas, TX; Orange County, CA; and Fort Bend County, TX. More than 2500 volunteers donated 9,000 hours of service to assist local community organizations. Building Futures, Golf for Fort Bend, and Adopt-a-Soldier projects were listed. Additional projects include:

American Heart Association fundraising event
Canstruction® projects – building structures of canned goods donated to local food banks
Child Advocates of Fort Bend birthday boxes for foster care children
Clothing and food drives
Daffodil Days American Cancer Society fundraising event
Girl Scout fundraising event
Grover Elementary School Saturday Science lessons
Habitat for Humanity home builds in Dallas, Greenville, and Southern California
Hands on Greenville – Boys Home of the South agency renovation
Houston International Festival staffing
Mathcounts competition for middle school students
Mathematics Intensive Summer Session for high school girls
Meals on Wheels for Senior citizens
Multiple Sclerosis Bike fundraising ride
National Forrest campground renovation
Orange County On Track picnic for at-risk youth
Public Television pledge drive
Toy and holiday gift drives for developmentally disabled and underprivileged children

Fluor Community Involvement Team

EIN: 95-3621964

Form 990-EZ Return of Organization Exempt from Income Tax

December 31, 2008

Subsequent to the completion of the December 31, 2008 Form 990-EZ for Fluor Community Involvement Team, it was discovered that one of the Program Service Projects, Golf for Fort Bend (GFFB) failed to include a portion of its 2009 income and expenses. GFFB originally reported data on a fiscal year end basis of July through June, and did not report additional revenue of \$46,464 and additional expenses of \$11,530 that was received and incurred in calendar year 2009.

In addition, 2008 program service revenue was included in Part 1 Line 1 Contributions, gifts, grants, and similar amounts received and program service expenses were included Part I Line 16 Other Expenses. For a better representation we are reclassing \$279,746 of program service revenue to Part I Line 2, and reclassing \$172,551 program expense to Part I line 10.

Fluor Community Involvement Team is amending the December 31, 2008 return to include the additional income and expenses in the correct year. The specific areas being amended include the following:

Form 990-EZ	As Originally Reported	Increase or (Decrease)	Correct Amount
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Line 1 Contributions, gifts, grants, and similar amounts received	290,635	(233,282)	57,353
Line 2 Program Service Revenue (Reclass)	-	233,282	
Line 2 Program Service Revenue (Additional Revenue)		46,464	
Line 2 Program Service Revenue	-	279,746	279,746
Line 9 Total Revenue	291,047	46,464	337,511
Line 10 Grants and similar amounts paid (Reclass)	-	161,078	
Line 10 Grants and similar amounts paid (Additional Expenses)		11,473	
Line 10 Grants and similar amounts paid	-	172,551	172,551
Line 16 Other Expenses (describe:			
Project Expenses	241,244	(161,078)	80,166
Miscellaneous	34	57	91
Line 16	241,278	(161,021)	80,257
Line 17 Total Expenses	241,278	11,530	252,808
Line 18 Excess or (deficit) for the year	49,769	34,934	84,703
Line 21 Net assets or fund balances at end of year	90,266	34,934	125,200
Part II Balance Sheets			
Line 22 Cash, savings, and investments Col. (B) End of Year	90,266	34,934	125,200
Line 25 Total Assets Col. (B) End of Year	90,266	34,934	125,200
Line 27 Net Assets or Fund Balances Col. (B) End of Year	90,266	34,934	125,200
Part III Statement of Program Service Accomplishments			
Line 28a Expenses	113,693	(68,693)	45,000
Line 32 Total program service expenses	241,244	11,473	252,717

Fluor Community Involvement Team

EIN: 95-3621964

Form 990-EZ Return of Organization Exempt from Income Tax

December 31, 2008

Schedule A (Form 990 or Form 990-EZ)	As Originally Reported	Increase or (Decrease)	Correct Amount
Part II Support Schedule for Organizations Described in Sections 170(b)(A)(iv) and 170(b)(1)(A)(vi)			
Section A. Public support			
Line 1 Gifts, grants, contributions and membership fees received			
Column (e) 2008	290,635	(233,282)	57,353
Column (f) Total	557,553	(233,282)	324,271
Line 4 Total			
Column (e) 2008	290,635	(233,282)	57,353
Column (f) Total	557,553	(233,282)	324,271
Line 6 Public Support			
Column (f) Total	557,553	(233,282)	324,271
Section B. Total Support			
Line 7 Amounts from Line 4			
Column (e) 2008	290,635	(233,282)	57,353
Column (f) Total	557,553	(233,282)	324,271
Line 11 Total Support			
Column (f) Total	559,789	(233,282)	326,507
Line 12 Gross Receipts from Related Activities	-	279,746	279,746
Section C Computation of Public Support Percentage			
Line 14 Public Support Percentage for 2008	99.6006%	-0.2854%	99.3152%

There were no other Changes to the Filing.