

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



Form 990-EZ

## 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) Sponsoning 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

OMB No 1545-1150 2008

090,3

Department of the Treasury Internal Revenue Service

Open to Public

	_	Ca = 4*	2009 colondary years and supply the cryamization may have to use a copy of this tenth to satisfy state reporting to			2000		
		hor (r Check i			31, 2			
	_	applical	ple Please V Name of Organization	DEL	nployer id	dentification number		
	oxdot	Addre chang	use IRS label or l	1				
		Name chang	e	+ .	48-09	988099		
		Initia	Number and street (or P O box, if mail is not delivered to street address)  Room/suit	e E To	Telephone number			
	$\vdash$	Tem	un- Specific 155 TNDTAN AVENUE		785-3	749-8425		
	$\vdash$	- ation Ame	need to control of the or town state or country and 7IP + 4		roup Exer			
	$\vdash$	retur Applic pendi	W	1	umber 🕨	•		
	_			_				
		<b>■</b> 36	A (F			X Cash Accrual		
				r (spec		<del> </del>		
						he organization is <b>not</b>		
						ule B (Form 990, 990-EZ, or 990-PF)		
		Check		iot mor	e than \$2	5,000 A return is not		
_			d, but if the organization chooses to file a return, be sure to file a complete return					
2010			es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-E		<b>\$</b>	63,856.		
~	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Ins	tructio	ns for Par			
೦		1	Contributions, gifts, grants, and similar amounts received		1	5,366.		
<b>=</b> 3		2	Program service revenue including government fees and contracts		2	57,992.		
$\geq$		3	Membership dues and assessments		3			
NOV		4	Investment income		4			
		5a	Gross amount from sale of assets other than inventory 5 5a					
Œΰ		Ь	Less cost or other basis and sales expenses 5b		7			
$\mathbf{Z}$		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c			
SCANNED	<u>o</u>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	▶ [	1			
Ũ	en C	a	Gross revenue (not including \$ of contributions		1 1			
Œ	Revenue	"						
	<b>E</b>	١.	· · · · · · · · · · · · · · · · · · ·		-			
		D	Less direct expenses other than fundraising expenses    6b		ا ہے ا			
		C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c			
		7a	Gross sales of inventory, less returns and allowances 7a		-			
		þ	Less cost of goods sold 7b		┨╻			
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe ► SEE STATEMENT	Э.	7c	498.		
		8		_3_)	8	63,856.		
		10	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		10	03,030.		
		10	Grants and similar amounts paid (attach schedule)					
		11	Benefits paid to or for members		11	54,319.		
	Ses	12	Salaries, other compensation, and employee benefits		12			
	Expenses	13	Professional fees and other payments to independent contractors		13	1,000.		
	X	14	Occupancy, rent, utilities, and maintenance		14	95.		
	_	15	Printing, publications, postage, and shipping	_	15	625.		
		16	Other expenses (describe SEE STATEMENT	<u> </u>	16	12,654.		
		17	Total expenses. Add lines 10 through 16	<u> </u>	17	68,693.		
	w	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<4,837.>		
	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
	Net Assets		(must agree with end-of-year figure reported on prior year's return)		19	<376,691.>		
0	ē	20	Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT	4	20	230,129.		
<b>\</b>	_	21	Net assets or fund balances at end of year Combine lines 18 through 20	<b>•</b>	21	<151,399.>		
~	P	art 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 yea	r	(B) End of year		
	22	Cas	sh, savings, and investments	,77	9 . 22	8,242.		
	23	Lar	nd and buildings OCT 1 \$ 2010		23			
Q	24			, 14	0 . 24	67,140.		
2	25	Tot	al assets 83	,91	9 . 25	75,382.		
>	26			,61	0 . 26	226,781.		
	27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)			<151,399.>		
	832 12-1	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Form <b>990-EZ</b> (2008)		
		-	$1$ $\mathcal{J}$	1		NB 15		
104	61	012	2 755565 S23625 2008.06000 HASKELL FOUNDATIO	N		NE \$23625_1		

For	m 990-EZ (2008) HASKELL FOUNDATION			48-	-09880	99 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III )	-	F:	rpenses
	at is the organization's primary exempt purpose? SEE STATEMENT					for 501(c)(3)
					and (4) or	ganizations and
Des	cribe what was achieved in carrying out the organization's exempt purposes. In	a clear and concise manner, di	escribe the services			trusts, optional
	vided, the number of persons benefited, or other relevant information for each pi				for others	<u>)                                    </u>
28	SERVES AS FISCAL AGENT ONLY - FOR G	RANT PROGRAMS	OF INDIA	<u>N</u>		
	NATIONS UNIVERSITY					
	(Grants \$ 57,992.) If this amount includes foreign	grants, check here		$\Box$	28a	68,693.
29	, manual	grants, stroom trore				
23		-	· .			
				_		
	(Grants \$ ) If this amount includes foreign of	grants, check here	<u></u>		29a	
30					1 1	
		· ·				
	(Grants \$ ) If this amount includes foreign	grants check here	•	$\overline{\Box}$	30a	
21	Other program services (attach schedule)	grants, oncox nore			1000	
31	,		_		_	
	(Grants \$ ) If this amount includes foreign (	grants, check here		<u> </u>	31 a	60 602
	Total program service expenses (add lines 28a through 31a)				32	68,693.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	nstructions i	for Part IV)
		(b) Title and suppose house	(-) 0		ontributions	4-15
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter -0)		fit plans & eferred	account and
		position	-0,	_	pensation	other allowances
CE	RALD TUCKWIN	PRESIDENT		Com	pensation	<del>                                     </del>
					_	
	O ARIZONA, LAWRENCE, KS 66044	2.50	0.		<u> </u>	0.
	RBERT E. LLEWELLYN	SECRETARY/TRE				
	00 MISSISSIPPI, LAWRENCE, KS 66044	10.00	0.		0.	0.
ΜI	CHAEL A. O'LEARY	CHIEF FINANCI	AL OFFICE	R		
17	360 S. WALTER, GARDNER, KS 66039	40.00	54,319.		0.	0.
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12-1					ı VIIII	JJU-LE (2000)

Pa	rt 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	33		Х
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	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			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	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			į
	in a prior year and still unpaid at the start of the period covered by this return?	38a		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			
а	Initiation fees and capital contributions included on line 9 39a N/A			į
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			İ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			İ
	section 4911 ▶, section 4912 ▶, section 4955 ▶			ĺ
þ	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	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			İ
	sections 4912, 4955, and 4958  Enter amount of tax on line 40c reimbursed by the organization  O •  O •			İ
	· · ·			i
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed ► NONE  The books are in care of ► MICHAEL J. O'LEARY  Telephone no ► 785-74	0 0	125	
42 a		$\frac{9-6}{603}$		
<b>.</b>		003		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	X
	If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
£.	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
·	If "Yes," enter the name of the foreign country	720		_ <del></del>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>•</b>	
		N/A	-	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		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	45_		X
		Form Q	90-F7	(2008)

Form 990	O-EZ (2008) HASKELL FOUNDATION			48-0988	
Part 1	Section 501(c)(3) organizations only. All section 5	601(c)(3) organizations m	ust answer que	estions 46-49 and o	complete the
	tables for lines 50 and 51.				
<b>46</b> Did	the organization engage in direct or indirect political campaign activities on	i behalf of or in opposition t	o candidates for	public	Yes No
	ce <sup>9</sup> If "Yes," complete Schedule C, Part I				46 X
	the organization engage in lobbying activities? If "Yes," complete Scheen				47 X
	he organization operating a school as described in section 170(b)(1)(A)(ii)?	•	edule E		48 X
	the organization make any transfers to an exempt non-charitable related or	rganization?			49a X
	'es," was the related organization(s) a section 527 organization?	_			49b
	nplete this table for the five highest compensated employees (other than of compensation from the organization if there is none, enter "None"	ficers, directors, trustees ar	id key employees	s) who each received	more than \$100,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hour per week devoted to position	rs (c) Compens	ation (D) Contribution to employee benefit plans deferred compensation	(E) Expense & account and other allowances
<b>51</b> Cor	nber of other employees paid over \$100,000  nplete this table for the five highest compensated independent contractors one, enter "None"	who each received more th	an \$100,000 of c	ompensation from th	e organization If there
	NONE		<del></del> .	ı	
	(a) Name and address of each independent contractor paid more th	nan \$100,000	<b>(b)</b> Type	of service	(c) Compensation
			_		
			_		
			_		
-			_		
Total nun	nber of other independent contractors each receiving over \$100,000	•	•		
Sign Here	Under penalties of penury declare that I have examined this return, including according and correct, and conflict Department of preparer other than officer is based on all info			10//3// Date	belief, it is true,
	M: Chael J. O'Leary Chief	F. manesal O		<u> </u>	
Paid Preparer Use Only		ID 1\1   1	theck if self- mployed	Preparer's Identifying	Number (See Instr )
	Firm's name (or yours KENNEDY BAND/COE) LLC	. 1100	}	EIN >	
	if self-employed), address, and ZIP+4 SAT.TNA KS 67402-1100	. 1100		Phone ► 1785	100E 1EC1
May the !	RS discuss this return with the preparer shown above? See instructions			··· (/85	) 825-1561
INION LINE I	DO DISCUSS THIS TERROR WHIT HE DIRECTED SHOWIT ATTIVET SHE HISTORIAN				IZELTPS I INO

Form **990-EZ** (2008)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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

2008 Open to Public

Inspection

Name of the organization

Employer identification number

	,		_ FOUNDATION	_					48	8-098809	9
Part I	Reason	for Public Cha	<b>rity Status</b> (All organı	zations mu	ıst comple	te this pai	t.) (see ins	structions)			
The organ			because it is: (Please cl								
1 🖳	A church, co	envention of churche	es, or association of chui	rches desc	ribed in s	ection 170	)(b)(1)(A)(i	).			
2			<b>70(b)(1)(A)(ii).</b> (Attach So								
3 🗀	A hospital or	a cooperative hosp	otal service organization	described	ın sectior	170(b)(1)	( <b>A)(</b> iii). (At	tach Sche	edule H.)		
4 🔲			operated in conjunction							he hospital's na	ame.
	city, and sta									·	
5	An organizat	ion operated for the	benefit of a college or u	iniversity o	wned or o	perated by	a govern	mental un	rt describe	 ed in	
	section 170	<b>)(b)(1)(A)(iv).</b> (Compl	lete Part II.)								
6 🛄	A federal, sta	ate, or local governn	nent or governmental un	ıt describe	d in <b>secti</b> o	on 170(b)(	1)(A)(v).				
7 X	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	oublic describer	d in
		(b)(1)(A)(vi). (Comple									
8	A community	y trust described in :	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	An organizat	on that normally red	ceives: (1) more than 33	1/3% of its	support t	from contr	ibutions, n	nembersh	ıp fees, an	id gross receipt	s from
			nctions - subject to certa								
	income and	unrelated business t	taxable income (less sec	tion 511 ta	x) from bu	ısınesses	acquired b	y the orga	anization a	fter June 30, 19	975
_	See section	509(a)(2). (Complet	e the Part III.)								
10 🖳	An organizat	ion organized and o	perated exclusively to te	est for publ	ıc safety.	See <b>sectic</b>	on 509(a)(4	<b>4).</b> (see ins	structions)	ļ	
11 📖	An organizat	on organized and o	perated exclusively for the	he benefit	of, to perf	orm the fu	nctions of	or to carr	y out the	purposes of on	e or
			ations described in secti				2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Che	ck the box that	;
		_	organization and compl								
	a L Type			с 🔲 Тур					d 🔙	Type III - Other	
e 📖			at the organization is not								
	foundation m	nanagers and other t	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509(a)(2	).
f	If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check t									
9			organization accepted a								
	(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons of	described	ın (II) and (	III) below,	Yes	s No
		•	upported organization?							11g(i)	
			n described in (i) above?							11g(ii)	
_			a person described in (i)	٠,,						11g(iii)	
h	Provide the f	ollowing information	about the organizations	the organ	ızatıon su	pports					
		I	(iii) Type of	<u> </u>		I		г			
	of supported	(ir) EIN	(iii) Type of organization	(iv) Is the c in col (i) lis				(vi) Is   organizatio	the	(vii) Amount	of
orga	anization		(described on lines 1-9	governing				(ı) organız	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(acc man benona))					103	110		
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	rivacy Act an	d Paperwork Redu	ction Act Notice, see the	he Instruc	tions for !	Form 990		Sobodel	0 A (For-	990 or 990-E2	71 2000
		po-work ricut				JIIII 33U.		Scriedill	e w (colu	・ マタレ ひょ ソソリーヒノ	_, 2000

Part # 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)

<u>5e</u>	ction A. Public Support		,,				
Cal	endar 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.")		98,054.	43,214.	48,764.	57,992.	248,024.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3		98,054.	43,214.	48,764.	57,992.	248,024.
5	The portion of total contributions					· ·	
	by each person (other than a						
	governmental unit or publicly	ļ					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
R	Public Support. Subtract line 5 from line 4			• • • • • • • • • • • • • • • • • • • •			248,024.
	ction B. Total Support	<u> </u>	l1				240/024.
	endar year (or fiscal year beginning in)	(a) 2004	/b) 2005	(a) 2006	(4) 2007	(a) 2009	/6 Total
	Amounts from line 4	(a) 2004	(b) 2005 98,054.	(c) 2006 43, 214.	(d) 2007 48,764.	(e) 2008 57, 992.	(f) Total 248,024.
_			70,034.	43/2146	40,704.	31,332.	240,024.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties		614.	1	125	0.2	922
_	and income from similar sources		614.	1.	125.	82.	822.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					····	248,846.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stor		<del> </del>				<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2008 (I	ine 6, column (f) d	ıvıded by line 11, c	olumn (f))	į	14	99.67 %
15	Public support percentage from 2007	' Schedule A, Part	IV-A, line 26f		Į	15	99.57 %
16a	<b>33 1/3% support test - 2008.</b> If the c	organization did no	ot check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
t	33 1/3% support test - 2007. If the c	rganization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	fles as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a j	oublicly supported	organization	_	ightharpoons
t	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
	more, and if the organization meets th	=					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						ıs ▶ □
	and a plantage					dula A (Form 900	

832022 12-17-08

Pē	art 肼 Support Schedule for 0	Organizations	Described in	Section 509(a	(Complete only	rf you checked the bo	ox on line 9 of Part I )
Se	ction A. Public Support						
Cal	endar 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	:				1	
	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 · 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ					
t	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	<u></u>	<u> </u>				
<u>Se</u>	ction B. Total Support			,			
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9							
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						·
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage	_			
15	Public support percentage for 2008 (			column (f))		15	%
16	Public support percentage from 2007		•	``'		16	- %
Se	ction D. Computation of Inve						
17	Investment income percentage for 20					17	%
18	Investment income percentage from	•	• • •	,,,,		18	
19a	33 1/3% support tests - 2008. If the				e 15 is more than	• • •	
	more than 33 1/3%, check this box a	_					▶□
t	33 1/3% support tests - 2007. If the						and
	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization					<del>-</del>	▶□
	<del></del>					hedule A (Form 99	0 or 990-EZ) 2008

FORM 990-EZ OTHER EXPENSE	ES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRAVEL		1,4	
INTEREST MISCELLANEOUS		3,00	
OPERATING EXPENSE		5,7	25.
BANKING FEES			26.
DONATION TO HASKELL INDIAN NATIONS UNIVERSITY		1,7	
TOTAL TO FORM 990-EZ, LINE 16		12,6	54.
FORM 990-EZ OTHER ASSETS	5	STATEMENT	<u></u>
	<u> </u>		
DESCRIPTION	BEG. OF YEAR	END OF YE	AR
INVENTORIES	61,140.	61,1	40.
ART COLLECTION	6,000.	6,00	
TOTAL TO FORM 990-EZ, LINE 24	67,140.	67,1	40.
FORM 990-EZ OTHER REVENUE	7	STATEMENT	<del></del> 3
	·		
DESCRIPTION		AMOUNT	
INTEREST			82.
MISCELLANEOUS INCOME		4	16.
TOTAL TO FORM 990-EZ, LINE 8		49	98.
FORM 990-EZ OTHER CHANGES IN NET ASSETS OR	FUND BALANCES	STATEMENT	<u> </u>
DESCRIPTION		AMOUNT	
ADJUSTMENT TO PRIOR ESTIMATES OF LIABILITIES		230,1	 29.
TOTAL TO FORM 990-EZ, LINE 20		230,13	
TOTAL TO TOTAL 970-Da, DIME 20		230,1	

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT				5
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	]	YES	[X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	1	YES	[X]	МО

990-EZ PG 2

STATEMENT

6

SERVES AS FISCAL AGENT ONLY - FOR GRANT PROGRAMS OF INDIAN NATIONS UNIVERSITY