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Form **990**

Internal Revenue Service

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)

2008

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

Open to Public Inspection

_	רטו נוו	e 2006 calendar year, or tax year beginning 000 1, 2006 and	a enaing (JUN 30, 2009	
В	Check if applicab	Please use IRS		D Employer identific	cation number
Г	Addre	ess label or CADIA AND DAVIED ODANIE HOUNDAMION			
F	Name	type		1 01-0	904664
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
Ē	Termi	[Casadia]		(415	
	Amen	ded tions City or town, state or country, and ZIP + 4	- L	G Gross receipts \$	804,013.
	Appli	DAN FRANCISCO, CA 34103		H(a) Is this a group re	
	pend	F Name and address of principal officer: DAVID CRANE		for affiliates?	Yes X No
_		121 STEUART STREET, SAN FRANCISCO, CA		H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	7 	-	list. (see instructions)
		te: ► N/A		H(c) Group exemption	
$\overline{}$		organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	State of legal domicile: CA
	art I	Summary CIDI	ם שמט	ם זמגחדמגעי	
Se	1	Briefly describe the organization's mission or most significant activities SUPE EDUCATIONAL, AND RELIGIOUS PURPOSES OF			TION OF SE
Activities & Governance	2	Check this box If the organization discontinued its operations or dispiration			
ver	3	Number of voting members of the governing body (Part VI, line 1a)	used of frior	3	₅ .
g	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
88	5	Total number of employees (Part V, line 2a)		5	0
Viţi	6	Total number of volunteers (estimate if necessary)		6	0
(cti	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,158,655.	798,332.
Revenue	9	Program service revenue (Part VIII, line 2g)			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		5,681.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u> _	2 1 5 2 6 5 5	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	<u></u>	3,158,655.	804,013.
	13	Grants and similar amounts paid (Part IX Golumia (A) (ime 1 3) Benefits paid to or for members (Part IX, column (A), line 4)			65,000.
10	1	[7]	-		
Expenses	16a	Salaries, other compensation, dividioyen paperits (Part IX, column A), lines 5-10) Professional fundraising fees (Part IX, column A), line 119	⊢	 	
per	.ou	Total fundraising expenses (Part IX, column (D), line 25)	-		
ŭ	17	Other expenses (Part IX, column (A), lines fate (4), 11(241)	— H	9,241.	2,507.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A); line 25)		9,241.	67,507.
		Revenue less expenses. Subtract line 18 from line 12	-	3,149,414.	736,506.
200				Beginning of Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)		2,777,250.	2,813,554.
\$ 5	21	Total liabilities (Part X, line 26)		9,241.	65,000.
		Net assets or fund balances. Subtract line 21 from line 20		2,768,009.	2,748,554.
Pa	art II	Signature Block			
		Under penalties of perjury declare that I have examined this return, including accompanying schedules a and complete. Declaration of preparer (other then office) is based on all information of which preparer has	nd statements, any knowledge	and to the best of my knowledg	e and belief, it is true, correct,
				16/11	/, ,
Sig		Signature of officer		Date // 1	10
Her	е		-	-O.I.FA	
		Type or pr. name and title	15.6	porc	
		Preparer's Date	T Ch	eck if Prepare	r's identifying number
Paid -		signature & Lacon black 5/4	//O sel	f- iployed (see insi	tructions)
	parer's	Firm's name (or DELOTTE TYAX LLD		EIN >	
use	Only	self-employed). 50 FREMONT STREET			
		SAN FRANCISCO, CA 94105		Phone no. ► 41	15-783-4000
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 12-1		eparate ins	tructions.	Form 990 (2008)





Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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	N/	Α
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice		<u>-</u>	
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	<u> </u>		<u> </u>
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	<u> </u>		
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<u> </u>		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
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		х
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		Х
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		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		_ X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		- 1	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		_X_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		i	
	pnor year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	_
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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		<u> </u>
		Form !	990 (2	2008)

1	and a management of the state o			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee-			
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		Х
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			Ì
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			İ
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
_	Financial Accounts.	<u> </u>		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_^
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
62	Did the organization solicit any contributions that were not tax deductible?	5с 6а		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa		
-	were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).	05		
a		7a		Х
	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		Х
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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			لــــــــــــــــــــــــــــــــــــــ
_	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter: N/A	į		
a	Initiation fees and capital contributions included on Part VIII, line 12 Green receipts, well-yield as Feet 200, Part VIII line 12 feet and the feet the fe	i		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
	17 AA 120		000	

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

<u>Sec</u>	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 circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	2		
b	Enter the number of voting members that are independent 1b	1		i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3,7
	of officers, directors or trustees, or key employees to a management company or other person?	3		$\frac{x}{x}$
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a		l _		v
	governing body?	7a		$\frac{x}{x}$
_		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	<u> </u>	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	37
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			ı
	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		7,7	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the]		••
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u>X</u>
Sec	tion B. Policies			
40~	December construction being a constitute of interest and in A 18 lbs. If you to track 10	40-	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401	v	
_	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
12	In Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			i
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	450	X	
	The organization's CEO, Executive Director, or top management official?	15a	X	
U	Other officers or key employees of the organization?	15b	-A	
16-	Describe the process in Schedule O. (see instructions)			- 1
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
.0	public inspection. Indicate how you make these available. Check all that apply.	101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public.	11111	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	ANDREW FRADKIN, JCFSF DIRECTOR OF FUNDS AND FOUNDATIONS - (415)		7-0	411
	121 STEUART STREET, SAN FRANCISCO, CA 94105			
832006 12-18-		Form	990 (20081
14-10-	vu		(,

01-0904664 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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.

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours	(6		Posi		app	ĿΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	director	Institutional trustee	Officer		Highest compensated E	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAVID CRANE PRESIDENT, DIRECTOR	1.00	х		х				0.	0.	0
WARREN S. BROWNER VICE PRESIDENT, DIRECTOR	1.00			х				0.	0.	0
CARLA CRANE SECRETARY, DIRECTOR	1.00			х				0.	0.	0
WARREN HELLMAN DIRECTOR	1.00	х						0.	0.	0
PHYLLIS COOK DIRECTOR	1.00	х						0.	271,941.	20,190
JENNIFER GOROVITZ TREASURER	1.00			x				0.	126,999.	11,983
					_					
					_					

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Par	VII Section A. Officers, Directors, Tr	ustees, Key Ei	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) (B) (C) (D) (E)										1	l	(F)	
	Name and title	Average			Posi				Reportable	Reportable	,	Es	tımate	ed
		hours	(cl	neck	all	that	арр	ly)	compensation	compensation			nount	of
		per week	텵						from the	from related organization		i	other pensa	tion
		week	Individual trustee or director	.			ig g		organization	(W-2/1099-MI			om the	
			şş	ruste		l <u>.</u>	Bensa		(W-2/1099-MISC)	(** 2.7000 11	50,		anizat	
			曹	insulutional trustee	Officer	eg Boye	Highest compensated employee					and	d relat	ed
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					<u> </u>		Ļ			300 0	40		2,1	72
	Total	er of individuals (including those in 1a) who received more than \$100,000 in reportable							40.		<u>Z, 1</u>	/3.		
2		e in 1a) who re	ceiv	ea n	nore	tna	រោ ងា	ου,	υυυ in reportable					0
	compensation from the organization								-				Yes	No
3	Did the organization list any former officer	director or tra	stee	ke	v en	nnla	Vee	or I	highest compensated ei	mnlovee on		\Box		
Ū	line 1a? If "Yes," complete Schedule J for			,	,	.р.о	,, 00,	•	g.1001 0011.po.100100			3		X
4	For any individual listed on line 1a, is the s			omp	ensa	atıoı	n and	d ot	her compensation from	the organization	ļ			
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y uni	relat	ted organization for serv	rices rendered to)			
	the organization? If "Yes," complete Sched	tule J for such	pers	оп								5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	from	
	the organization. NONE (A)					-		_	(B)		Γ	(0	2)	
	Name and business	address							Description of s	services	C	ompe		n
										'				
								\dashv			 			
								\dashv						_
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2	Total number of independent contractors (from the organization ▶	including those	e in	1) w	no re	ecei	ived	moi	re than \$100,000 in com	pensation				
	nom the organization F													

				ID CKAME	FUUNDATIO	'IN	01-0904	004 Page 9
Pa	rt VI	II Statement of Rever	nue		_			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1 a	Federated campaigns	1a					
ra F	ь	Membership dues	1b					
g, m		Fundraising events	1c					
ifts		Related organizations	1d					
o, g		_						
sin		Government grants (contribut						
uti je ri	T	All other contributions, gifts, gran		,00 220				
운항		similar amounts not included abo		798,332.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	1a-1f \$	348,332.				
၁ ဧ	<u>h</u>	Total. Add lines 1a-1f	· .		798,332.			
				Business Code				
8	2 a	i						
Program Service Revenue	b	·						
S	С		<u> </u>					
eve	d							
PA	e							
Pr	f	All other program service reve	nue					
	g g		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				
	3	Investment income (including	diudondo intor					
	3	other similar amounts)	dividends, inter	_	5,681.			5,681.
	_	• •		>	3,001.			3,001.
	4	Income from investment of ta	x-exempt bond	oroceeds 🕨				
1	5	Royalties		P				
1			(i) Real	(ii) Personal				
	6 a	Gross Rents .						
	b	Less: rental expenses						
	С	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses				·		
	С	Gain or (loss)				,		
		Net gain or (loss)						
اير		Gross income from fundraisin	a events (not					-
<u> </u>	-	including \$	of					
8		contributions reported on line						
Other Revenu		Part IV, line 18						
뢷	b	Less direct expenses	, a	<u> </u>				
ŏ		Net income or (loss) from fund	b traising ovents	L		<u> </u>		
		, ,	•				<u> </u>	
	y a	Gross income from gaming ac			<u> </u>			
		Part IV, line 19	. a		·			
ı		Less direct expenses	b	L				لـــــــــــــــــــــــــــــــــــــ
		Net income or (loss) from gam	-					
- 1	10 a	Gross sales of inventory, less	returns	1				
- 1		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory .	•				
ſ		Miscellaneous Revenu	e	Business Code				
ſ	11 a							
	b							
	С	·						
J	d	All other revenue						
	e	Total. Add lines 11a-11d		—				1
	12	Total Revenue. Add lines 1h, 2g, 3, 4	 1 5 6d 7d 8c 9c 10	· 1	804,013.	0.	0.	5,681.
3200		The state of the s	., 5, 66, 76, 66, 86, 10	, and 110				Form 990 (2008)

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B). (C). and (D).

Total expenses Programs service expenses Programs are vice expenses		· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits past to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of undidad above, to dequalified persons (as defined under section 4858(f)(1) and persons described in section 4858(f)(3) and persons described in section 4858(f)(3) and persons described in section 4858(f)(3)(8) Person plan contributions (include section 401(k) and section 405(f)) employer contributions (include section 401(k) and section 405(f)) employer contributions (include section 401(k) and section 405(f) employer contributions (include section 401(k) and section 401			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
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Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a FILING FEES BANK FEES MESSENGER FEES 140. MESSENGER FEES 57. Total functional expenses. Add lines 1 through 24f Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined		·· .				
Insurance Cother expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) A FILING FEES		• • • •				
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a FILING FEES b BANK FEES c MESSENGER FEES f All other expenses Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined		· · · · · · · · · · · · · · · · · · ·				
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a FILING FEES b BANK FEES C MESSENGER FEES f All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined		· .				
miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a FILING FEES 150. 150. b BANK FEES 140. 140. c MESSENGER FEES 57. 57. d e f All other expenses Add lines 1 through 24f 67,507. 65,000. 2,507. 0. Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	_7	above. (Expenses grouped together and labeled				
a FILING FEES b BANK FEES c MESSENGER FEES f All other expenses Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined		miscellaneous may not exceed 5% of total				
BANK FEES C MESSENGER FEES D Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	_		150		150	
C MESSENGER FEES d e f All other expenses Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined						
d e f All other expenses Total functional expenses. Add lines 1 through 24f Sop 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	_			·····		
f All other expenses Total functional expenses. Add lines 1 through 24f 67,507. 65,000. 2,507. 0. Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	_	IIIJOURGER FEED	31.		3/•	
All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined						
Total functional expenses. Add lines 1 through 24f 67,507. 65,000. 2,507. 0. Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined		All other ourses				
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined		' 	67 607	<u> </u>	0 505	
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined			0/,50/	65,000.	2,507.	<u>U.</u>
reported in column (B) joint costs from a combined	26	• 1				
educational campaign and fundraising solicitation		, , ,	j		j	
		educational campaign and fundraising solicitation				

832010 12-18-08

Pa	rt X	Balance Sheet		 		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	402.
	2	Savings and temporary cash investments			2	443,541.
	3	Pledges and grants receivable, net			3	·
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d	rectors, trustees, key			
		employees, or other related parties. Complete F	Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as	defined under section			
	l	4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
	ł	Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ď	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost basis	10a			
	Ь	Less: accumulated depreciation. Complete				
	1	Part VI of Schedule D	10b		10c	
	11	Investments - publicly traded secunties	:	2,777,250.	11	2,369,611.
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,777,250.	16	2,813,554.
	17	Accounts payable and accrued expenses		9,241.	17	
	18	Grants payable			18	65,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow account liability. Complete Part IV of Sc			21	
Liabilities	22	Payables to current and former officers, directo				
Lial		highest compensated employees, and disqualif	ed persons Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24 25	Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D			24	
	26	Total liabilities. Add lines 17 through 25		9,241.	25	65,000.
	20	Organizations that follow SFAS 117, check he	are X and complete	3,241.	26	03,000.
G	•	lines 27 through 29, and lines 33 and 34.	and complete			
ces	27	Unrestricted net assets		2,768,009.	27	2,748,554.
alaı	28	Temporarily restricted net assets		2,700,003.	28	2,,10,554.
8	29	Permanently restricted net assets			29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, c	heck here			
ō		complete lines 30 through 34.				
əts	30	Capital stock or trust principal, or current funds			30	
SSI	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	<u> </u>
et A	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances		2,768,009.	33	2,748,554.
	34	Total liabilities and net assets/fund balances		2,777,250.	34	2,813,554.
Pai	t XI	Financial Statements and Reporting				
		_		_		Yes No
1	Acco	unting method used to prepare the Form 990: $\ \ [$	Cash X Accrual	Other		
2a		the organization's financial statements compiled	•	accountant?		2a X
		the organization's financial statements audited t				2b X
C	If "Ye	s" to lines 2a or 2b, does the organization have a	committee that assumes respon	nsibility for oversight of the	audıt,	
	reviev	v, or compilation of its financial statements and s	election of an independent acco	ountant?		2c
За	As a	esult of a federal award, was the organization re	quired to undergo an audit or au	dits as set forth in the Sing	le Aud	rt
	Act a	nd OMB Circular A-133?				3a X
<u> </u>	If "Ye	s," did the organization undergo the required au	dit or audits?	···		3b
832011	12-18-	08				Form 990 (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

Open to Public Inspection

Name of the organization

CARLA AND DAVID CRANE FOUNDATION

Employer identification number

01-0904664

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) (see ins	tructions)		
The organ	nization is not a	a private foundation	because it is: (Please ch	eck only o	ne organi	zation.)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)			
2 🔲	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🔲	A hospital or	a cooperative hospi	ital service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)	
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter 1	he hospital's name,
	city, and stat	te:								
5 🗀	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or o	perated by	a governi	mental uni	t describ	ed in
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6 🔲	A federal, sta	ate, or local governm	ent or governmental unr	t describe	d in sectio	on 170(b)(1)(A)(v).			
7 🗀	An organizat	ion that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public described in
	section 170	b)(1)(A)(vi). (Comple	ete Part II.)							
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🔲	An organizat	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembershi	p fees, a	nd gross receipts from
	activities rela	ited to its exempt fu	nctions - subject to certa	ın excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June 30, 1975.
	See section	509(a)(2). (Complete	e the Part III)							
10 🗔	An organizat	ion organized and o	perated exclusively to te	st for publ	ıc safety. S	See sect io	n 509(a)(4	I). (see ins	tructions)
11 X	An organizat	ion organized and o	perated exclusively for th	ne benefit	of, to perfe	orm the fu	nctions of,	or to carr	y out the	purposes of one or
	more publicly	supported organization	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509 (a	a)(3). Che	eck the box that
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	h 11h.				
	а 🗓 Туре	ь <u> </u>	☐ Type II c	: 🔲 тур	e III - Fund	tionally inf	tegrated		d 🗀	Type III · Other
e X	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other than
	foundation m	nanagers and other t	han one or more publich	y supporte	d organiza	ations des	cnbed in s	ection 509	a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	tten determination from t	the IRS th	atıtıs a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check tl	nis box		Ī					X_
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	n from any	of the follo	owing pers	sons?	
			lirectly controls, either al							Yes No
	the gov	eming body of the s	upported organization?	_						11g(i) X
	(ii) A family	member of a person	n described in (i) above?							11g(ii) X
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii) X
h	Provide the f	ollowing information	about the organizations	the organ	ization su	pports.				
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) is	the	(vii) Amount of
	anization	(, =	organization (described on lines 1-9		sted in your			organizátio (i) organiz	on in col. ed in the	support
·			above or IRC section	governing	document?	(i) of you	r support?	Ü.S.	?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
JEWIS	H COMM									
FED C	F SF	94-1156533	7	Х		Х		Х		15,000.
						<u> </u>				
							1			

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

Schedule A (Form 990 or 990-EZ) 2008

15,000.

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)	Sch	nedule A (Form 990 or 990-EZ) 2008						Page 2
Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total I Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 fines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public Support. Subvact line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business			rganizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	
Calendar year (or liscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 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 8 Gross income from similar seceived on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business		<u>`</u>	the box on line 5	5, 7, or 8 of Part I)				
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 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 8 Gross income from sinterest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	·	
membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 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 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
ization'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 5 The portion of total contributions by each person (other than a governmental unit or publicity 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 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 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	1	membership fees received. (Do not						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from unrelated business	2	ization's benefit and either paid to						
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 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	3	furnished by a governmental unit to						
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 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	4	Total. Add lines 1 - 3						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	5	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,						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	6	Public Support. Subtract line 5 from line 4	-			-		
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business					<u> </u>	<u> </u>	·	 -
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	7	Amounts from line 4						
securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business	8	Gross income from interest,						
and income from similar sources 9 Net income from unrelated business						1		
9 Net income from unrelated business		· · · · · · · · · · · · · · · · · · ·				Ì		
	_	├					<u> </u>	
activities, whether or not the	9							
		· · · · · · · · · · · · · · · · · · ·						
business is regularly carned on	10	* · ·				 		
10 Other income. Do not include gain or loss from the sale of capital	iU							
assets (Explain in Part IV.)		•						
11 Total support. Add lines 7 through 10	11	` ' '			-			<u> </u>

•	The feet of the feet of the organization of the organization of the feet of the organization of the organi		
	organization, check this box and stop here	▶[
			_

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))

14

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
 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

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

12 Gross receipts from related activities, etc. (see instructions)

13. First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth

Schedule A (Form 990 or 990-EZ) 2008 Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete only	r if you checked the bo	Page 3 ox 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
Gifts, grants, contributions, and						
membership fees received (Do not			}			
include any "unusual grants ")			<u></u>		<u> </u>	
2 Gross receipts from admissions, merchandise sold or services per formed, 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		1				
or expended on its behalf		1				
5 The value of services or facilities		 				
furnished by a governmental unit to						
the organization without charge		1			1	
6 Total. Add lines 1 · 5	··········		<u> </u>	 		
7a Amounts included on lines 1, 2, and				-	 	-
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income]	1		
(less section 511 taxes) from businesses			}			
acquired after June 30, 1975			<u> </u>			
c Add lines 10a and 10b 11 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 for t	he organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here .	J			•		▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2008 (lir	e 8, column (f) c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2007 S				<u>. </u>	16	%
Section D. Computation of Invest			!			
17 Investment income percentage for 200	8 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2008. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box 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

SCHEDULE		•					<u> </u>	OMB No 1545-0047
(Ogg IIIOL)		Govern	Governments, and Individuals in the U.S.	uals in the U.S.	-			2008
Department of the Treasury	▼ Comp	Complete if the organization	in answered "Yes,	" on Form 990, P	e organization answered "Yes," on Form 990, Part IV, lines 21 or 22.			Open to Public
מופנוומן טפעפווחם ספרעוכם			► Attach to Form 990.	n 990.				Inspection
Name of the organization CARLA A	AND DAVID CF	CRANE FOUNDATION	NOI				Employer iden 01	Employer identification number 01-0904664
1.5	its and Assistance	ı						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ords to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec		
	assistance?							X Yes No
Š.	s procedures for mon	itoring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	e to Governments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	t IV, line 21, for a	any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	han \$5,000. Check th	is box if no one recipier	nt received more th	an \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	nal space is nee	☐ ▲ pap
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		(h) Purpose of grant or assistance
JEWISH COMMUNITY FEDERATION OF SF 121 STEUART ST	:							
SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	15,000.	0.	CASH VALUE		2009 ANNUAL CAMPAIGN	CAMPAIGN
JEWISH COMMUNITY CENTER OF SP 3200 CALIFORNIA STREET		······································					SCHOLARSHIPS FOR NEEDY	S FOR NEEDY
SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	50,000	0	CASH VALUE		CHILDREN	
ŀ	(3) and government o	ırganızatıons					A	2.
-,	ations						•	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	leduction Act Notice	, see the Instructions	for Form 990.				Schedule	Schedule I (Form 990) 2008

01-0904664

Schedule I (Form 990) 2008 CARLA AND DAVID CRANE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	ORGANIZATION	ON ENDEAVORS	RS TO MONITOR	TOR ITS	
GRANTS TO ENSURE THAT SUCH GRANTS	ARE USED	FOR PROPER	R PURPOSES AND NOT	AND NOT	
OTHERWISE DIVERTED FROM THEIR INTENDED	NDED USE.	THIS IS	ACCOMPLISHED	ED BY	
REQUESTING RECIPIENT ORGANIZATIONS	TO AFFIRM THAT	RM THAT FU	FUNDS MUST B	BE USED SOLELY	
IN ACCORDANCE WITH THE GRANT REQUEST	AND	BUDGET ON W	ON WHICH THE G	GRANT WAS	
BASED AND THAT ANY FUNDS NOT EXPENDED	FOR	THE STATED	PURPOSE	ARE TO BE	
RETURNED TO THE ORGANIZATION. REPORT	S ARE	REQUESTED	FROM TIME	TO TIME AS	
APPROPRIATE.					

832102 12-18-08

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CARLA AND DAVID CRANE FOUNDATION

Employer identification number 01-0904664

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			i !
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision	1 1		
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			i
	Independent compensation consultant X Compensation survey or study			1
	X Approval by the board or compensation committee			i
		1		1
		1		ļ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			1
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
Ь	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedul	le J (Form	990)	2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

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

		(B) Breakdown of V	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	0	0	0	0	0	0	0
PHYLLIS COOK	Ξ	167,039.	0	104,902.	16,500.	3,690.	292,13	167,935.
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	(E)							
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	(ii)				,			
							Schedul	Schedule J (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CARLA AND DAVID CRANE FOUNDATION

Employer identification number 01-0904664

Schedule M (Form 990) 2008

Types of Property Part I (a) (b) (d) Method of determining Check if Number of Revenues reported on applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art Art · Historical treasures Art · Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property 8 X 348,332.FAIR MARKET VALUE 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities · Miscellaneous Qualified conservation contribution (histonc structures) Qualified conservation contribution (other) 14 Real estate - Residential Real estate - Commercial 16 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ 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.

2008
Open to Public Inspection

Name of the organization

CARLA AND DAVID CRANE FOUNDATION

Employer identification number 01-0904664

FORM 990, PART VI, SECTION A, LINE 2: CARLA AND DAVID CRANE ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BASED ON AUDITED FINANCIAL STATEMENTS

AND WITH THE ASSISTANCE OF THE ORGANIZATION'S FINANCE AND ACCOUNTING STAFF.

THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER. THE PRESIDENT AND/OR OTHER OFFICERS RECEIVE THE FINAL VERSION OF THE FORM PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. FOR TRUSTEES AND OFFICERS CONFLICT OF INTEREST POLICY, THE SUPPORTED ORGANIZATION REQUESTS COMPLETION OF AN ANNUAL DISCLOSURE FORM BY JANUARY 31 FOR ALL TRUSTEES AND OFFICERS. THE SUPPORTED ORGANIZATION ENSURES THAT ALL FORMS HAVE BEEN RECEIVED AND PREPARES A SUMMARY OF DISCLOSURES AND FORWARDS THE FORMS AND SUMMARY TO ITS LEGAL COUNSEL.

FOLLOWING LEGAL COUNSEL'S REVIEW, THE SUPPORTED ORGANIZATION PRESENTS THE DISCLOSURES TO ITS BOARD'S ENDOWMENT COMMITTEE WHICH REVIEWS THE DISCLOSURES. THE SUPPORTED ORGANIZATION'S CFO ALSO RECEIVES A COPY OF THE SUMMARY AND REVIEWS ALL FORMS AND IS RESPONSIBLE FOR ASSURING APPROPRIATE REPORTING TO THE EXTERNAL AUDITORS AND DISCLOSURE IN THE ANNUAL TAX FILINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT HAVE

EMPLOYEES AND DOES NOT COMPENSATE OFFICERS AND MEMBERS OF ITS BOARD.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ 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.

2008
Open to Public Inspection

Name of the organization

CARLA AND DAVID CRANE FOUNDATION

Employer identification number 01-0904664

HOWEVER, CERTAIN OFFICERS AND/OR DIRECTORS ARE COMPENSATED BY A RELATED PARTY, THE JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES ("JCF"). JCF DOES A COMPENSATION SURVEY AND ANALYSIS FOR THE SENIOR LEVEL POSITIONS. JCF LOOKS AT COMPENSATION THAT IS EQUITABLE INTERNALLY AND EXTERNALLY FOR THESE POSITIONS. THE EXECUTIVE COMMITTEE OFFICERS APPROVE THE COMPENSATION FOR THE CEO. THERE IS A PERIODIC REVIEW OF ALL SALARIES FROM AN INDEPENDENT PROFESSIONAL COMPENSATION ORGANIZATION. THE REVIEW INCLUDES SIMILAR POSITIONS IN THE NON-PROFIT AND FOR-PROFIT SECTOR LOCALLY AND ADJUSTED NATIONALLY. THE COMPENSATION REVIEW ALSO ANALYZES COMPENSATION INFORMATION FROM OTHER FORM 990S FOR SIMILAR ORGANIZATIONS AS WELL AS MANY OTHER SOURCES OF COMPENSATION DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORMS 990 FOR THE MOST RECENT THREE YEARS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION RESPONDED "NO" TO THIS QUESTION BECAUSE THE FORM 990

IS FILED FOR THE ORGANIZATION ON A STAND-ALONE BASIS, WHILE THE AUDITED

FINANCIALS ARE PREPARED ON A CONSOLIDATED BASIS WITH THE RESULTS OF ITS

SUPPORTED ORGANIZATION. THE FINANCIAL STATEMENTS OF THE ORGANIZATION

ARE CONSOLIDATED WITH THOSE OT ITS SUPPORTED ORGANIZATION, AND AUDITED

BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM IN ACCORDANCE WITH GAAP. THE

SUPPORTED ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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12-18-08

Schedule O (Form 990) 2008

Related Organizations and Unrelated Partnerships ➤ See separate instructions. SCHEDULE R (Form 990)

Open to Public Inspection OMB No 1545-0047 2008

Schedule R (Form 990) 2008 **Employer identification number** Direct controlling Direct controlling 01-0904664 entity End-of-year assets status (if section 501(c)(3)) Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Û Œ Exempt Code Total income section 501(C)(3) 0 9 Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ග</u> CALIFORNIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. STRENGTHEN JEWISH IDENTITY, CARLA AND DAVID CRANE FOUNDATION Primary activity BUILD, MAINTAIN, AND Primary activity COMMUNITY AND LIFE <u>@</u> 9 Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities 94-1156533, 121 STEUART STREET, SAN JEWISH COMMUNITY FEDERATION OF SF Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Department of the Treasury Internal Revenue Service
Name of the organization CA 94105 FRANCISCO, Part I Part II

Schedule R (Form 990) 2008 CARLA AND DAVID CRANE FOUNDATION

Code V-UBI General or managing amount in box managing 20 of Schedule F-1 (Form 1065) Yes No Percentage ownership Schedule R (Form 990) 2008 5 £ Share of end-of-year assets ate allocations? Disproportion-Ξ Share of total income Œ Share of end-of-year assets ල Type of entity (C corp, S corp, or trust) Œ Share of total income Œ Direct controlling entity <u>e</u> Predominant income (related, investment, unrelated) Œ Legal domicile (state or foreign country) <u>Θ</u> (D)

(Direct controlling entity 27 Primary activity Part IV Identification of Related Organizations Taxable as a Corporation or Trust <u>@</u> Legal domicule (state or foreign country) Part III Identification of Related Organizations Taxable as a Partnership Q Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization ₹ 832162 12-23-08

Schedule R (Form 990) 2008 CARLA AND DAVID CRANE FOUNDATION

Part V Transactions With Related Organizations

		ŀ	L	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	٤
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuties (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		P	X	
c Gift, grant, or capital contribution from other organization(s)		5		×
d Loans or loan quarantees to or for other organization(s)		판	T	×
e Loans or loan guarantees by other organization(s)		9	T	×
			T	
f Sale of assets to other organization(s)		=	\dagger	×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		=	\vdash	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	•	=	×	
m Sharing of facilities, equipment, mailing lists, or other assets		£	X	
n Sharing of paid employees		£	×	
			\exists	
o Reimbursement paid to other organization for expenses		9	×	
p Reimbursement paid by other organization for expenses		4	\dashv	×
q Other transfer of cash or property to other organization(s)		19		×
. [1r		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	saction thresholds.			
(A)	(8)	<u>©</u> :		
Name of other organization(s)	Iransaction type (a-r)	Amount involved	/olved	_
(1) JEWISH COMMUNITY FEDERATION OF SF	Д	15	,000.	00
(2) JEWISH COMMUNITY FEDERATION OF SF	ı			0
(3) JEWISH COMMUNITY FEDERATION OF SF	X			0
(4) JEWISH COMMUNITY FEDERATION OF SF	N			0.
(5) JEWISH COMMUNITY FEDERATION OF SF	0	2	, 21	7.
(9)				
832163 12-23-08	Scher	Schedule R (Form 990) 2008	990) 2	2008

Part VI Unrelated Organizations Taxable as a Partnership

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

(A)	(B)	(0)	(<u>a</u>)	(E)	(F)	(5)	Œ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Same of		country)	Yes No	10000		of Schedule K·1 (Form 1065)	1-
					-		
							-
					_		
		•					
					_		
						Schedule R (Form 990) 2008	n 990) 2008