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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Form **990** 

Department of the Treasury
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)

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

2008

Open to Public Inspection

<b>B</b> Ch	eck ıf a		Please	C Name of organization  Manchester Bidwell Corporation			D Employer ide	ntilication number	
Add	tress ch	arige	use IRS label or	Doing Business As			25-184294! E Telephone nu		
Г Naı	me cha	inge	print or type. See	Doing business As			-		
┌ Inıt	al retu	ırn	Specific	Number and street (or P O box	ıf mail is not delivered to street addre:	ss) Room/suite	(412) 323-4		
<b>Г</b> Тег	mınatıc	on	Instruc- tions.	1815 Metropolitan Street			G Gross receipt	<b>s</b> \$ 3,023,559	
┌ Am	ended	return		City or town, state or country, a	nd ZIP + 4				
_		n pending		Pittsburgh, PA 15233					
,		L	E Nan	l ne and address of Principal O	fficor	11/ )			
				W FIFE JR	ilicer	<b>H(a)</b> Is this affiliat	s a group return	for ┌Yes ┌No	
				Metropolitan Street		aiiiiai		1 165 1 110	
				urgh, PA 15233	🗖	H(b) Are all	affiliates include	d?	
<b>I</b> на	x-exem	npt status	<b>№</b> 501(c)	) ( 3 ) ◀ (insert no )		See instructions )			
J W	eb sit	e:► WWV	WMANCH	ESTERBIDWELL ORG		H(c) Grou	p Exemption Nur	nber ►	
<b>К</b> Тур	e of org	ganization	<b>▽</b> Corporat	tion trust association othe	r 🏲	<b>L</b> Year of For	mation 1999 M s	State of legal domicile PA	
Pa	rt I	Sumn	nary						
	1	Briefly de	escribe th	ie organization's mission or m	ost significant activities				
		THROUG	GH EDUC	ATION, WE SUPPORT ENTI	TIES TO BUILD, STRENGTHEN	AND ENHA	NCE COMMUNI	TIES AND	
ತ್ತ		INDIVID	DUALS						
፸									
Ē.									
Governance	2	Check th	nis box 🦵	ıf the organization discontinu	ed its operations or disposed o	f more than 2	5% of its assets		
	3	Number	of voting r	members of the governing boo	dy (Part VI, line 1a)		3 _	16	
Activities &	4	Number	ofindeper	ndent voting members of the g	governing body (Part VI, line 1b	)	. 4	14	
₽	5			mployees (Part V , line 2a) .		•		42	
₹	6			olunteers (estimate if necess			6	3	
ă	-				art VIII, line 12, column (C)	_	7a	0	
				iness taxable income from Fo		•	7 <u> </u>	0	
	_				,	Prio	r Year	Current Year	
	8	Contrib	uitions and	d grants (Part VIII line 1h)		1.110	209,295	184,833	
9	9			revenue (Part VIII, line 2g)			203,233	0	
ē	10	_			es 3, 4, and 7d)		44,495	29,711	
Revenue	11			art VIII, column (A), lines 5			2,864,735	2,809,015	
	12		-		equal Part VIII, column (A), line	<u> </u>	2,804,733	2,809,013	
	12	12)	svenue—a	du illes o tillough 11 (must e	equal rate viii, column (A), mie		3,118,525	3,023,559	
	13	Grants	and simila	ar amounts paid (Part IX, coli	ımn (A), lınes 1–3)			50,000	
	14	Benefits	s paid to c	or for members (Part IX, colu	mn (A), line 4)			0	
	15	Salaries	s, other co	ompensation, employee bene	rits (Part IX, column (A ), lines 5	i _			
88		10)					1,903,109	2,080,479	
Expenses	16a	Profess	sional fund	Iraısıng fees (Part IX, column	(A), line 11e)			0	
.ਜੋ	b	(Total fui	ndraising ex	penses, Part IX, column (D), line 25	; 415,154				
	17	Othere	expenses	(Part IX, column (A), lines 11	a-11d, 11f-24f)		1,431,076	1,379,584	
	18	Totale	xpenses—	-add lines 13–17 (must equa	l Part IX, line 25, column (A))		3,334,185	3,510,063	
	19	Revenu	ie less exp	penses Subtract line 18 from	line 12		-215,660	-486,504	
<u>ኞ</u>						Beginni	ng of Year	End of Year	
a Table	20	Totalas	ssets (Pai	rt X, line 16)			6,433,013	6,052,707	
Not Assets or Fund Balances	21		•	Part X, line 26)			2,036,440	2,153,296	
2 B	22		·	nd balances Subtract line 21	from line 20		4,396,573	3,899,411	
		_			Hom me 20		4,390,573	3,899,411	
Ра	rt II	_	ature Blo		ed this return, including accompanying	ashadulas and st	tatamanta and to th	no host of my knowledge	
					of preparer (other than officer) is base				
Plea		****	**			2010-	05-03		
Sign		Signat	ture of office	er		Date		,	
Here	е	JEFFR	REY P TEASD	PALE CHIEF FINANCIAL OFFICER					
			or print nam						
		Preparer's	: k		Date (	Check If	Preparer's PTIN (	See Gen Inst )	
Paid		signature		R Lenart	5	elf-	,	,	
	arer's	Erm's ===	me for your	s L PARENTEBEARD LLC		empolyed • T			
Use (		ıf self-em		<b>-</b>		EIN Þ			
_ 55 (	~··· <b>y</b>	address, a	and ZIP + 4	444 LIBERTY AVENUE SUITE 1		_			
				PITTSBURGH, PA 15222			Phone no 🕨 (41	12) 697-6400	
May	the IR	S discuss	s this retu	irn with the preparer shown at	oove? (See instructions)			▼Yes 「No	

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
see <i>F</i>	Additional Data Table				
2	Did the organization undertake any significant form 990 or 990-EZ?		ervices during the year	r which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new services  Did the organization cease conducting services?	g or make sıgnıfıcaı	nt changes in how it coi	nducts any program	┌ Yes ┌ No
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ments for each of t ns and 4947(a)(1)	trusts are required to i	report the amount of grants	
4a	(Code ) (Expenses \$ Finance Department In 2008-09, this Depart print financial information. This has resulted i reports, as well Another improvement during including a web portal, human resources mai draft and institute new policies, procedures, a	n a more efficient and this time involved part nagement, and electror	es for accounting software the effective way for program a nering with a new payroll co nic timesheets The Chief Fina	nd administrative staff to create entractor, which added to general ancial Officer worked along with o	and monitor budgets and generate payroll service a suite of products,
4b	(Code ) (Expenses \$	50,000	including grants of \$	50,000 ) (Revenue \$	)
40	Development Department During this time, subsidiaries Examples include the creation o extend the external expertise available to the Sponsorship opportunities continued to grow, pro bono work and in-kind giving occurred diand explored new funding opportunities, as well as the second of the secon	this Department contini f a more comprehensive e organization, a mont including those comple uring this time. The Dev	ued to add infrastructure and e Gift Acceptance Policy, div hly giving option was institut eted for the Jazz Gala and Bi velopment Department also	d process to development efforts versification of the Development ( ted for donors, and a bequest pro dwell Training Center 40th Annivo continued to cultivate new resou	on behalf of MBC and its Committee and Trust Board, to Igram was formally launched Ersary Celebration An increase in
<b>4c</b>	(Code ) (Expenses \$ Information Technology Department During to would include upgrading the wireless infrastrivarious staff Also, the Coordinator was an emanchester Craftsmen's Guild-Youth & Arts	ucture throughout the N ssential player in the ea	Coordinator assisted with va IBC campus (encompassing arly implementation of the n	three buildings) and installing ne ew student tracking system utiliz	w computers for BTC students and ed by Bidwell Training Center and
4d	Other program services (Describe ii	n Schedule ()			
	(Expenses \$	including grants of	of \$	) (Revenue \$	)
4e	Total program service expenses \$	50,00	00 Must equal Part IX	, Line 25, column (B).	

Form **990** (2008)

art IV	Che	cklist	of Re	eavired	Sche	dules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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		No
b	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 any tax-exempt bonds?	24c		
d	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		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
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	20-		NI -
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
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		No
36	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		No
37	Did the organization conduct more than 5 percent 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		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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					
		1a	17			
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 t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	42			
b	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	3a		Νο
L	return?	· ·		3b		1110
				30		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itributi	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-			
	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	v prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
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 f	file a F	orm 1098-C as			
_	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?		İ			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter		I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section	<u>A.</u>	Governing	Body	and	Management

							res	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	circumstance	es,			
1a	Enter the number of voting members of the governing body	1a			16			
Ь	Enter the number of voting members that are independent	1b			14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				у 2	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				з	3		Νο
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ .$	ince	he prior:	Form 990 w	as <b>4</b>	ı		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's ass	ets?	5	5		Νo
6	Does the organization have members or stockholders?				. 6	,		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				he <b>7</b> a	а		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other p	ersons? .	. 71	ь		Νo
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertake	n during the				
а	the governing body?				88	a	Yes	
Ь	each committee with authority to act on behalf of the governing body?				. 81	ь	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				98	а	Yes	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			. ,		ь	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			-		0	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				1		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ own website ☐ another's website ☑ upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JEFFREY P TEASDALE 1815 Metropolitan Street Pittsburgh, PA 15233 (412) 323-4000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			(C) Position (check all that apply)							(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Institutional Trustee Individual Trustee or Prector		Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima imount o compens from t rganizati relati organiza	fother ation he on and ed
													222.255
1D	Total							-	627,303	3 104,6	660		200,955
2	Total	g those ın 1					e than				660		200,955
	Total number of individuals (includin	g those ın 1					e than				660	Yes	No
	Total number of individuals (includin	g those in 1 ▶3 officer, direc	a) who	recei	ved	mor	mploy	n \$1	00,000 in reportab	le		Yes	No
2	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedul For any individual listed online 1a, is	g those in 1  3  officer, direct le J for such s the sum of	a) who	recei ruste <i>ual</i> .	ved e, k	ey e	mploy • ation :	r \$1 /ee,	or highest compens	sated employee  from the	3 3	Yes	
3	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu	g those in 1  3  officer, direct le J for such s the sum of	a) who	recei ruste <i>ual</i> .	ved e, k	ey e	mploy • ation :	r \$1 /ee,	or highest compens	sated employee  from the		Yes	No
3	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1  3  officer, direct le J for such the sum of ns greater th    eive or accre	a) who	ruste ual ble c	ved e, k omp 0? i	ey e ens f "Y fror	amploy ation a es," cc an any	ee, and ompi	or highest compens other compensation lete Schedule J for su	sated employee  n from the  uch  for services	3		No
3 4	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedul For any individual listed online 1a, is organization and related organization individual	g those in 1  3  officer, direct le J for such the sum of ns greater th    eive or accre	a) who	ruste ual ble c	ved e, k omp 0? i	ey e ens f "Y fror	amploy ation a es," cc an any	ee, and ompi	or highest compens other compensation lete Schedule J for su	sated employee  n from the  uch  for services	3		No
2 3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of the	a) who	ruste ual ble c	ved e, k omp 0? i	ey e ens f "Y fror	amploy ation a es," cc an any	ee, and ompi	or highest compens other compensation lete Schedule J for su	sated employee  n from the  uch  for services	3		No No
2 3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste  Jal  ble c 0,00  censa	e, k omp 0? i	ey e ens f "Y fror	ation a des," co many ers on	and stand	or highest compens other compensation lete Schedule J for su elated organization	sated employee  n from the  uch  for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste  Jal  ble c 0,00  censa	e, k omp 0? i	ey e ens f "Y fror	ation a des," co many ers on	and stand	or highest compens or highest compens other compensation lete Schedule J for su elated organization	sated employee  in from the  uch  for services  re than	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, direct le J for such the sum of the	a) who	ruste  Jal  ble c 0,00  censa	e, k omp 0? i	ey e ens f "Y fror	ation ation and an any areas on	and stand	or highest compens or highest compens other compensation lete Schedule J for su elated organization	sated employee  in from the  uch  for services  in for services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste  Jal  ble c 0,00  censa	e, k omp 0? i	ey e ens f "Y fror	ation ation and an any areas on	and stand	or highest compens or highest compens other compensation lete Schedule J for su elated organization	sated employee  in from the  uch  for services  re than	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste  Jal  ble c 0,00  censa	e, k omp 0? i	ey e ens f "Y fror	ation ation and an any areas on	and stand	or highest compens or highest compens other compensation lete Schedule J for su elated organization	sated employee  in from the  uch  for services  re than	3	Yes	No No

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
2 22	1a	Federated campaigr	ns <b>1a</b>					314
通道	ь	Membership dues	1b					
g≝	c	Fundraising events	1c					
£ a	d	Related organizatio		110,430				
%.E	e	Government grants (cor	ntributions) <b>1e</b>	2,000				
<u>5</u> 5	l f	All other contributions, g	ufts, grants, and <b>1f</b>	72,403				
돌		similar amounts not incl						
	g	Noncash contribution lines 1a-1f \$						
Contributions, gifts, grants and other similar amounts	h	Total (Add lines 1a		🕨	184,833			
				Business Code				
Ę	2a							
9. 9.	ь							
ē. E	c							
2	d							
જૂ	e							
Program Serwce Revenue	f	All other program s	ervice revenue					
左	g	Total. Add lines 2a-	L	\$				
	3	Investment income	(including dividend	ls, interest				
		other sımılar amoun			29,711			29,711
	4	Income from investmen	t of tax-exempt bond p	roceeds 🕨				
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental income o	r(loss)					
	_	<u> </u>	ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
		sales expenses Gain or (loss)						
	c d	Net gain or (loss)		<b>*</b>				
	8a	Gross income from events (not including	fundraising					
4.		\$ of contributions rep						
μĘ		See Part IV, line 18	3					
<b></b> ₹		Attach Schedule G if						
Other Revenue		\$15,000	F					
Ē	b   с	Less direct expens Net income or (loss		vents -				
중	9a	Gross income from See part IV, line 19 Complete Schedule G	gaming activities					
	ь	\$15,000 Less direct expens	a ses <b>b</b> [					
	С	Net income or (loss	) from gaming activ	rities				
	10a	Gross sales of invereturns and allowan						
	ь	Less cost of goods						
	С	Net income or (loss						
		Miscellaneous Rev		Business Code	2 700 444	3 700 444		
	l .	Administrative fees		541,610		2,799,111		
	b	Miscellaneous		900,099	9,904			9,904
	C							
	d	All other revenue _						
	e	Total. Add lines 11a	n-11d	 \$ 2,809,015				
	12	Total Revenue. Add 9c, 10c, and 11e.	lines 1h, 2g, 3, 4,		3,023,559	2,799,111	0	39,615

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	50,000	50,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	701,108		701,108	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	810,991			292,778
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,316		91,094	15,222
9	Other employee benefits	339,922		312,497	27,425
10	Payroll taxes	122,142		101,707	20,435
11	Fees for services (non-employees)				
а	Management	37,643		37,643	
b	Legal	53,415		53,415	
c	Accounting	17,075		17,075	
d	Lobbying	107,000		107,000	
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,250		5,250	
12	Advertising and promotion	6,106		6,056	50
13	Office expenses	90,320		74,541	15,779
14	Information technology				
15	Royalties				
16	Occupancy	341,858		318,570	23,288
17	Travel	18,381		16,084	2,297
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	3,377		2,769	608
20	Interest	33,297		33,297	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	285,110		282,003	3,107
23 24	Insurance	61,199		61,199	
а	PURCHASED SERVICES	222,934	0	211,623	11,311
ь	CONTRIBUTIONS	35,650	0	35,650	0
С	PRO GRAM EXPENSE	30,812	0	30,006	806
d	DUES AND SUBSCRIPTIONS	19,413	0	17,911	1,502
e	MISCELLANEOUS	10,144	0	9,598	546
f	All other expenses	600		600	
25	Total functional expenses. Add lines 1 through 24f	3,510,063	50,000	3,044,909	415,154
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				900 (2008)

Part X	Balance	Sheet

					(A) Beginning of year			<b>B)</b> of year
	1	Cash—non-interest-bearing			Degining of year	1	Liid C	200
	2	Savings and temporary cash investments	•		490,001	2		121,685
	3	Pledges and grants receivable, net			721	3		3,102
	4	Accounts receivable, net			5,932	4		6,610
	5	Receivables from current and former officers, directors, trustees, l	key eı	mployees or	5,552	-		
	6	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
		persons described in section 4958(c)(3)(B) Complete Part II of Sc				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use	•	• •	3,621	8		1,438
şţ.	9	Prepaid expenses and deferred charges			54,097	9		51,270
Assets	10a	Land, buildings, and equipment cost basis	10a	5,999,747				
_	ь	Less accumulated depreciation Complete Part VI of	10b	2,105,822	4,062,256	10c		3,893,925
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part Schedule D</i>	VII o	r f		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.			13			
	14	Intangible assets		14				
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule		1,816,385			1,974,477	
		D			0.422.012	15		6.052.707
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,433,013 166,474			6,052,707 193,078
	17	Accounts payable and accrued expenses .	100,474	17		193,076		
	18	Grants payable		18				
	19 20	Deferred revenue			20			
9		Tax-exempt bond liabilities						
≝	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
⊐		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		547,626	23		439,314	
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		1,322,340	25		1,520,904	
	26	Total liabilities. Add lines 17 through 25			2,036,440	26		2,153,296
s e e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	te line	es 27				
au	27	Unrestricted net assets		4,155,837	27		3,826,363	
Balance	28	Temporarily restricted net assets			240,736	28		73,048
	29	Permanently restricted net assets		29				
Fund		Organizations that do not follow SFAS 117, check here F and	let e					
ŏ		lines 30 t hrough 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fund	ıs		4 200 E70	32		3,899,411
Š	33	Total liabilities and not passets (find belongs			4,396,573	33		
	34	Total liabilities and net assets/fund balances			6,433,013	34		6,052,707
Pa	rt XI	Financial Statements and Reporting						
							Ves	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

## OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

945								
uctions)								
•								
ı								
A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)								
( <b>1)(A)(iii).</b> Ente	r the							
ntal unit describe	ed in							
from the general	public							
An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
tax) from busin	esses							
. (See instructioi	ns )							
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of								
See Section 509	(a)(3).	Check						
d ▼ Type II	I - O+h	nor						
more disqualifie								
bed in section 50	•							
III supporting o	organız	ation,						
		ĮΨ						
)	Yes	No						
<b>11</b> g(i)		Νo						
11g(ii)		Νo						
11g(iii)		Νo						
	) 11g(i) 11g(ii)	) Yes 11g(i)						

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		organization in ol (i) listed in in col (i) of your col (i) organized our governing support? in the U.S.?		organization in col (i) organized		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
Manchester Craftsmen's Guild	237113478	2	Yes		Yes		Yes		50000		
Bidwell Training Center Inc	251191961	2	Yes			No	Yes		0		
MANCHESTER BIDWELL DEVELOPMENT TRUST	311601556	11	Yes			No	Yes		0		
Total									50,000		

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	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	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
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 "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts 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 (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	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						
12	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 the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ♣ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part ILB, Do not complete Part ILA

	ction 501(c)(4), (5), or (6) organi	zations complete Part III		Te	1.6	
	me of the organization nchester Bidwell Corporation			Employer iden	tification number	
Do.	AT A To be consulated b			25-1842945	F27	
Par		y all organizations exempe the instructions for Schedule		n 501(c) and section	52/	
1	Provide a description of the or	ganization's direct and indirect po	litical campaign act	tivities in Part IV		
2	Political expenditures	•	-		\$	
3	Volunteer hours					
Par	t I-B To be completed befor Schedule C for d	oy all organizations exempetails.)	ot under section	n <b>501(c)(3).</b> (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization man	agers under section	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	<del>،</del> ۲	┌ Yes ┌ No	
4a	Was a correction made?				┌ Yes	
ь	If "Yes," describe in Part IV					
Par		y all organizations exemptor for Schedule C for details.)	ot under section	n 501(c), except sect	ion 501(c)(3).	
1	•	ended by the filing organization for	section 527 exemp	ot function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contrı	buted to other orga	nızatıons for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add III	nes 1 and 2 and ent	ter here and on Form	\$	
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			☐ Yes ☐ No	
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which pay were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV						
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	

section 4911 tax for this year?

┌ Yes ┌ No

				i agc a
P		organizations exempt under section 501(		68
		tion 501(h)). (See the instructions for Schedule	e C for details.)	
		belongs to an affiliated group checked box A and "limited control" provisions apply		
<u> </u>	Check   In the hing organization	checked box A and infinited control provisions apply		
	Limits on Lo	bbying Expenditures—	(a) Filing	(b) Affiliated
		es" means amounts paid or incurred.)	Organization's Totals	Group Totals
			100013	101415
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	107,000	
c	Total lobbying expenditures (add line	es 1a and 1b)	107,000	
d	Other exempt purpose expenditures		3,403,989	
e	Total exempt purpose expenditures	(add lines 1c and 1d)	3,510,989	
f	Lobbying nontaxable amount Enter t	325,549		
	columns—		<u> </u>	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	81,387	
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a	0	
i	Subtract line 1 f from line 1 c Enter -	0- if line fis more than line c	0	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total						
2a	Lobbying non-taxable amount	325,420	325,653	316,709	325,549	1,293,331						
ь	Lobbying ceiling amount (150% of line 2a, column(e))					1,939,997						
c	Total lobbying expenditures	56,450	48,500	36,000	107,000	247,950						
_d	Grassroots non-taxable amount	81,355	81,413	79,177	81,387	323,332						
е 	Grassroots ceiling amount (150% of line d, column (e))					484,998						
f	Grassroots lobbying expenditures											

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the arrangements in the net decombed in pastion F01/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	art II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental II	<u>nformation</u>	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization Employer identification number Manchester Bidwell Corporation 25-1842945

Par	τI	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds oı	Accou	<b>nts.</b> Comple	te if the
			(a) Donor advised funds	(b)	) Funds ar	nd other accou	nts
1	Total	number at end of year					
2	Aggre	gate Contributions to (during year)					
3	Aggre	gate Grants from (during year)					
4	Aggre	gate value at end of year					
5		e organization inform all donors and donor advis are the organization's property, subject to the o		or advise	ed .	☐ Yes	┌ No
6	used	e organization inform all grantees, donors, and only for charitable purposes and not for the bend missible private benefit?	5 5	•		☐ Yes	┌ No
Par	t II	<b>Conservation Easements.</b> Complete	f the organization answered "Yes" t	o Form	990, Par	t IV, lıne 7.	
1	Г Р Г Р	se(s) of conservation easements held by the or reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space	<u> </u>			•	a
2		lete lines 2a–2d if the organization held a quali last day of the tax year	fied conservation contribution in the form	of a con:		easement	the Ver
а	Tata	number of conservation easements			2a	at the Life of	the real
b			_	F	2b		
c		l acreage restricted by conservation easements		F	2c		
d		ber of conservation easements on a certified his			2d		
		ber of conservation easements included in (c) a	•	L			
3		er of conservation easements modified, transfe xable year ►	rred, released, extinguished, or terminate	ed by the	organizati	ion during	
4	Numb	er of states where property subject to conserva	tion easement is located ►				
5		the organization have a written policy regarding ement of the conservation easements it holds?		ations, ar	nd	☐ Yes	┌ No
6	Staff	or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the	year ►			
7	A mou	nt of expenses incurred in monitoring, inspectir	ng, and enforcing easements during the ye	ear ► \$			
8		each conservation easement reported on line 2 i)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	balan	t XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t ganization's accounting for conservation easem	he footnote to the organization's financial			•	
Part	****	<b>Organizations Maintaining Collectio</b> Complete if the organization answered "		or Othe	r Simila	ar Assets.	
1a	art, hı	organization elected, as permitted under SFAS storical treasures, or other similar assets held le, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch in furtl			е,
b	histor	organization elected, as permitted under SFAS ical treasures, or other similar assets held for p le the following amounts relating to these items	public exhibition, education, or research ii			,	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

(i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	***	Organizations Maintaining Collections of Art	<u>, His</u>	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Asse</u>	ets (co	ntınued)
3		ng the organization's accession and other records, check any is (check all that apply)	of th	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	<u>                                      </u>	Public exhibition	d	$\vdash$	Loan or exc	hange programs			
b	Γ	Scholarly research	e	Γ	Other				
С	Г	Preservation for future generations							
4		vide a description of the organization's collections and expla : XIV	ın hov	v the y	further the o	organization's ex	empt purpose in		
5		ing the year, did the organization solicit or receive donations ets to be sold to raise funds rather than to be maintained as					nılar	Yes	√ No
Par	t IV	<b>Trust, Escrow and Custodial Arrangements.</b> Part IV, line 9, or reported an amount on Form 99				nization answ	ered "Yes" to F	orm 9	90,
1a		he organization an agent, trustee, custodian or other interme uded on Form 990, Part X?	diary	for c	ontributions	or other assets		Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete the following tab	e						
							A mo	unt	
С	Beg	inning balance				1c			
d	Add	litions during the year				1d			
e	Dist	tributions during the year				1e			
f	End	ing balance				1f			
2a	Dıd	the organization include an amount on Form 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV							
Pai	rt V	Endowment Funds. Complete if the organization						\=	
1a	Bog	inning of year balance	(b)	Prior \	ear (c) Iw	o Years Back   (d)	Three Years Back (	e)Four Ye	ears Back
ь		itributions							
c		estment earnings or losses							
d		nts or scholarships							
e		er expenditures for facilities							
		programs							
f	Adn	ninistrative expenses							
g	End	of year balance							
2	Prov	ride the estimated percentage of the year end balance held a	ıs						
а	Boa	rd designated or quasi-endowment 🕨							
b	Perr	manent endowment 🕨							
c	Terr	n endowment 🕨							
3a		there endowment funds not in the possession of the organiza	ation 1	that a	re held and a	dministered for	the		<del></del>
	_	inization by Inrelated organizations					3a(i)	Yes	No
		related organizations	٠				3a(ii)		<del></del>
b	` '	'es" to 3a(ii), are the related organizations listed as required		ched	ule R?		3b		<u> </u>
4	Des	cribe in Part XIV the intended uses of the organization's end	lowme	ent fu	nds			•	
Par	t VI	Investments—Land, Buildings, and Equipme	nt. S	ee F	orm 990, P	art X, line 10.			
		Description of investment			Cost or other s (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ok value
1a	and		1			805,746			805,746
b i	Buildi	ngs				2,809,311	526,426		2,282,885
<b>c</b> l	_ease	ehold improvements							
d i	Equip	ment				2,126,771	1,522,586		604,185
<b>e</b> (	Other	r				257,919	56,810		201,109

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products		000001 0114 01	your market value
Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
Intercompany loan receivable			393,163
Cash surrender value OF life insurance			1,289,160
Due from affiliates			282,833
LOAN COSTS			9,321
Total. (Column (b) should equal Form 990, Part X, col.(B) line.			1,974,477
Part X Other Liabilities. See Form 990, Part X	1		
(a) Description of Liability Federal Income Taxes	(b) A mount		
	202.060		
Due to affiliates	202,960		
Liability for postemployment benefits	1,289,160		
DERIVATIVE FINANCIAL INSTRUMENT	28,784		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,520,904		

Jene	date B (1 01111 330) 2000		raye -
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,023,559
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,510,063
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-486,504
4	Net unrealized gains (losses) on investments	4	-10,658
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9		9	-10,658
10	Total adjustments (net) Add lines 4 - 8	10	-497,162
1	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial	ei ketu	3,013,827
•	statements	1	3,013,027
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b 926		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-9,732
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,023,559
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,023,559
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	3,510,989
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	926
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,510,063
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	3,510,063
Pai	rt XIV Supplemental Information		-
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV, lın	es 1b and 2b,
Par	t V , line 4 , Part X , Part XI , line 8 , Part XII , lines 2d and 4b , and Part XIII , lines 2d and 4b		

Ident if ier	Return Reference	Explanation
Part III, Line 4		The art collection is vital to the mission of the organization because it provides unique opportunities for urban youth and adults to see, discuss, evaluate, and appreciate art. Art provides an opportunity for historical and cultural discussion to address modern day issues impacting diversity. It can build awareness and bridges between different cultures. Studying and viewing art allows students to learn how to produce art and preserve history and culture through art.

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OMB No 1545-0047

DLN: 93493131007160

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public **Inspection** 

Employer identification number

Manchester Bidwell Corporation						25-1842945	
Does the organization ma the selection criteria used	ıntaın records to sı d to award the gran	ts or assistance?	of the grants or assista				
Form 990, Part I Part IV and Scho	ner Assistance V, line 21 for an edule I-1 if addit	to Governments a y recipient that rece ional space is	and Organizations eved more than \$5,00	<b>in the United Sta</b> 00. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER CRAFTSMEN'S GUILD1815 METROPOLITAN STREET PITTSBURGH,PA 15233	23-7113478	501(C)(3)	50,000				OPERATIONAL FUNDING FOR MANCHESTER CRAFTSMEN'S GUILD PROGRAMS
2 Enter total number of seconganizations					•		1
3 Enter total number of other					<u> </u>	<u> </u>	<u> </u>
For Paperwork Reduction Act Noti	ice, see the Instructi	ions for Form 990.	· · · · · · · · · · · · · · · · · · ·	Cat No 50055	P	Se	 chedule I (Form 990) 2008

		<b>ce to Individua</b> ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	<b>on.</b> Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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As Filed Data -

DLN: 93493131007160

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization
Manchester Bidwell Corporation

Part I Questions Regarding Compensation

Employer identification number

25-1842945

					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	ু	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

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

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
WILLIAM E STRICKLAND JR (I)	265,570					265,570	137,500
JESSE W FIFE JR (I)	170,938					170,938	80,080
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

DLN: 93493131007160

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** Manchester Bidwell Corporation 25-1842945 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person	(h) December of transaction	(c) Cor	rected?
 (a) Name of disquamica person	(b) Description of transaction	Yes	No

2	Enter the amount of tax im	nposea	i on the c	organıza	ation ma	nager	s or c	iis qua	ilitiea	ıpers	ons	aurı	ng t	:ne y	e a	r une	aer		
	section 4958					_		_		_	_	_	_	_		_		\$	
		• •				•		•		-	•	•	•	•	•	•	-	4	
-			- l 2														-	4	

#### Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .

Part II	Loans to	and/or	From	Interested	Persons
---------	----------	--------	------	------------	---------

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan from t organiza	he	(c)O riginal principal amount	(d)Balance due	(e) defa	ult?	Appr by boo	oved ard or	( <b>g)</b> Wr agreer	
	То	From			Yes	No	Yes	No	Yes	No
Tatal	•		<b>.</b>	•				•		

Total																					•	\$	
Part I	• • •	G	rar	าts	or	As	sis	tan	ıce	Be	ne	fitt	inc	ιIι	nte	re	st	ted	l Po	erso	ons		

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of Interested person	(b)Relationship between interested person and the organization	(c)A mount of grant or type of assistance

#### **Business Transactions Involving Interested Persons** Part IV

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	<b>(c)</b> A mount of transaction	(d) Description of transaction	organi	naring of ization's inues?
	organization			Yes	No
SCOTT LAMMIE	BOARD MEMBER	,	SCOTT LAMMIE IS THE UPMC HEALTH PLAN CFO UPMC HEALTH PLAN PROVIDES HEALTH INSURANCE SERVICES TO MANCHESTER BIDWELL CORPORATION		No
WILLIAM E STRICKLAND JR	CEO OF MANCHESTER BIDWELL CORPORATION, UPMC BOARD MEMBER	·	WILLIAM STRICKLAND, JR IS A MEMBER OF THE UPMC BOARD UPMC PROVIDES HEALTH INSURANCE SERVICES TO MANCHESTER BIDWELL CORPORATION		No

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As Filed Data -

DLN: 93493131007160

2008

OMB No 1545-0047

Open to Public Inspection

# 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

Name of the organization
Manchester Bidwell Corporation

25-1842945

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE ONCE REVIEWED BY THE AUDIT COMMITTEE, THE FULL BOARD WILL BE GIVEN THE FINAL 990

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE, WHICH THE BOARD SECRETARY IS REQUIRED TO TRACK ANY ISSUES THAT ARISE ARE RESOLVED BY THE BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation committee of the board of directors reviews the compensation of the President and CEO This review also includes independent persons and a survey including comparability data, all of which is documented. The process was last undertaken in 2006 for the President and CEO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Policies, governing documents and financial statements may be made available upon request depending on need

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE ANNUAL AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANTS

Part I Identification of Disregarded Entities

### DLN: 93493131007160

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Name of the organization Manchester Bidwell Corporation **Employer identification number** 

25-1842945

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity

### Part II Identification of Related Tax-Exempt Organizations

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
BIDWELL TRAINING CENTER  1815 METROPOLITAN STREET PITTSBURGH, PA15233 25-1191961	TO PROVIDE VOCATIONAL TRAINING, COUNSELING AND JOB PLACEMENT FOR ADULTS	РА	501(C)(3)	170(B)(1)(A) TYPE II	N/A
	CATALYZING THE CREATION OF CENTERS FOR ARTS AND TECHNOLOGY	РА	501(C)(3)	509(A)(3) TYPE I	N/A
MANCHESTER BIDWELL DEVELOPMENT TRUST  1815 METROPOLITAN STREET PITTSBURGH, PA15233 31-1601556	TO ESTABLISH AN ENDOWMENT TO SUSTAIN THE PROGRAMS OF RELATED ORGANIZATIONS	PA	501(C)(3)	509(A)(3) TYPE III	N/A
MANCHESTER CRAFTSMEN'S GUILD  1815 METROPOLITAN STREET PITTSBURGH, PA15233 23-7113478	ARTS AND LEARNING CENTER THAT SERVES AS A RESOURCE TO PGH PUBLIC SCHOOLS	PA	501(C)(3)	170(B)(1)(A) TYPE II	N/A
For Demonstration And Nation and the Treatment of the Form 200		C-+ N- F012FV			C-l

art III Identification of			(C)		(F)		(C)	(1	H)	(7)	()	·)
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary acti	vity	Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	<b>(E)</b> Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G)</b> Share of end-of- year assets	Dispro alloca	prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral o agıng ner?
								Yes	No		Yes	No
								<u> </u>				<u> </u>
								<u> </u>				
								<u> </u>				
								<u> </u> 				
Part IV Identification of	Related Orga	nizations	Taxable	as a Corporation	or Trust							
<b>(A)</b> Name, address, and EIN of related	organization	(B) Primary ac	tivity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inc	ome	Sh end-	nare of Perce	( <b>H)</b> entage nership	
HARBOR GARDENS PARK INC 1815 METROPOLITAN STREET PITTSBURGH, PA15233 25-1813874		REAL ESTATE		PA	N/A	С						

Part V	Transactions with Related Organizations	
<b>Note.</b> C	omplete line 1 if any entity is listed in Parts II, III or IV	Y
		_

- 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
   b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e	Yes	
<b>1</b> f		No
<b>1</b> g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
11		No
1m		No
1n	Yes	
10	Yes	
1р	Yes	
_		
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds
<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity 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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	Organizations		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

Form 990, Schedule R, Part V - Transactions with Related Organizations (B) (C) Name of other organization Amount Involved Transaction type(a-r) (\$) MANCHECTED CDAETMENIC CHILD В 50,000 С 110,430 565,427 D (4) MANCHESTER CRAFTMEN'S GUILD Е 439,314 (5) HARBOR GARDENS PARK 30,022 J (6) BIDWELL TRAINING CENTER Κ 1,224,672 (7) MANCHESTER CRAFTMEN'S GUILD Κ 1,437,439 (8) NATIONAL CENTER FOR ARTS AND TECHNOLOGY Κ 51,000 (9) MANCHESTER BIDWELL DEVELOPMENT TRUST Κ 55,000 HARBOR GARDENS PARK (10) Κ 31,000 (11) MANCHESTER CRAFTMEN'S GUILD 1,452 Ν (12) NATIONAL CENTER FOR ARTS AND TECHNOLOGY 246,328 Ν (13) BIDWELL TRAINING CENTER Ρ 62,103 BIDWELL TRAINING CENTER (14) 40,400 0 (15) MANCHESTER CRAFTMEN'S GUILD Ρ 11,632

0

0

Ρ

0

57,023

1,171

91,382

310

(1)	MANCHESTER CRAFTMEN'S GUILD
(2)	MANCHESTER BIDWELL DEVELOPMENT TRUST
(3)	BIDWELL TRAINING CENTER

(16)

(17)

(18)

(19)

MANCHESTER CRAFTMEN'S GUILD

HARBOR GARDENS PARK

NATIONAL CENTER FOR ARTS AND TECHNOLOGY

NATIONAL CENTER FOR ARTS AND TECHNOLOGY

### **Additional Data**

Software ID: Software Version:

**EIN:** 25-1842945

Name: Manchester Bidwell Corporation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section)	Is organız (ı) lısted	ation in 1 in your rning	Did yo	y) u notify nization of your port?	Is to some the last organizes (i) organizes (ii) organizes (iii) organizes (ii	the ation in nized in	( <b>vii)</b> A mount of support?
			Yes	No	Yes	No	Yes	No	
Manchester Craftsmen's Guild	237113478	2	Yes		Yes		Yes		50000
Bidwell Training Center Inc	251191961	2	Yes			No	Yes		0
MANCHESTER BIDWELL DEVELOPMENT TRUST	311601556	11	Yes			No	Yes		0

# Software ID: Software Version:

**EIN:** 25-1842945

Name: Manchester Bidwell Corporation

### Form 990, Part VII - Section Aaa

Pormi 990, Part VII - Section Ada		(C) Position (check all that apply)								(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM E STRICKLAND J , PRESIDENT & CEO	35 00	Х		Х				265,570	0	121,609
CLIFFORD R ROWE , CHAIRMAN	1 00	Х		Х				0	0	0
NANCY L RACKOFF ESQ , VICE CHAIRMAN	1 00	X		х				0	0	0
M ELISE HYLAND , SECRETARY	1 00	X		Х				0	0	0
NANCY L BROMALL , TREASURER	1 00	Х		Х				0	0	0
SCOTT G BROWN ESQ , BOARD MEMBER	1 00	Х						0	0	0
MICHAEL A BRYSON , BOARD MEMBER	1 00	х						0	0	0
ANTHONY L BUCCI , BOARD MEMBER	1 00	Х						0	0	0
DOROTHY A DAVIS ESQ , BOARD MEMBER	1 00	х						0	0	0
JAMES C DIGGS , BOARD MEMBER	1 00	Х						0	0	0
SCOTT M LAMMIE , BOARD MEMBER	1 00	Х						0	0	0
CLAUDETTE R LEWIS , BOARD MEMBER	1 00	Х						0	0	0
GLENN R MAHONE , BOARD MEMBER	1 00	Х						0	0	0
THEODORE ROBERTS JR , BOARD MEMBER	1 00	х						0	0	0
ANTONIO TORRES, BOARD MEMBER	1 00	Х						0	0	0
ALFRED W WISHART JR , BOARD MEMBER	1 00	Х						0	0	0
JESSE W FIFE JR , VICE PRESIDENT & COO (EX	35 00			х				170,938	0	43,453
JEFFREY P TEASDALE , VICE PRESIDENT & CFO (EX	35 00			Х				87,119	0	12,419
ELLEN L WOODS , VICE PRESIDENT OF DEVELO	35 00					х		103,676	0	13,804
MARTIN JASHBY, EXECUTIVE PRODUCER	35 00					х		0	104,660	9,670
E PETER BENZING , LIFE MEMBER	1 00						Х	0	0	0
DIANA JANNETTA , LIFE MEMBER	1 00						Х	0	0	0
MICHAEL SCHURKO , LIFE MEMBER	1 00						Х	0	0	0
JACK L BURLEY SR , LIFE MEMBER	1 00						X	0	0	0
DON ALAN LINZER , LIFE MEMBER	1 00						X	0		0
JOHN UNKOVIC , LIFE MEMBER	1 00						X	0		
GEORGE FECHTER , LIFE MEMBER	1 00						Х	0		
JOHN PELUSI , LIFE MEMBER	1 00						Х	0	0	0
DORIS CARSON WILLIAMS , LIFE MEMBER	1 00						x	0	0	0
CAROLYN BYHAM , EMERITUS	1 00						X	0	0	0

Form 990, Part VII - Section Aaa

onn propriate till bection had										
<b>(A)</b> Name and Title	(B) Average hours per week	(C) Position (check that apply) Office Institutional or Director				Highes	Foil	(D)  Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		lTrust⊖A or	nal Trustee	ICEI	employee Officei	t compensated see	mer	2/1099MISC)	(W- 2/1099- MISC)	organization and related organizations
MILTON A WASHINGTON , EMERITUS	1 00						Х	0	0	0

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Manchester Bidwell Corporation (MBC) and its subsidiaries - Manchester Craftsmen's Guild, Bidwell Training Center and the National Center for Arts & Technology have provided educational, artistic and cultural programming and consultation for youth and adults in the Pittsburgh region and beyond. Thousands of youth and adults were impacted by the work of Manchester Bidwell Corporation and its subsidiaries in 2008-09. This activity is guided by the parent corporation's mission: Through education, we support entities to build, strengthen, and enhance communities and individuals. MBC executes this mission by providing administrative services to the related organizations.