

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



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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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4d Other program services. (Describe in Schedule O.)

(Expenses \$ 370,645, including grants of \$

) (Revenue \$

<u>393,630.</u>

4e Total program service expenses ▶\$ 2,905,274.

2,905,274 (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	1	ł
	complete Schedule A	1	X	↓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		1	
	Schedule C, Part II	4	Х	<u> </u>
5	Sections 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	Ĺ	
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		1	
	Schedule D, Part I	6	1	x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	Complete Schedule D. Bort III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			<u> </u>
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			ŀ
	Complete Cabadula D. Bart 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? If "Yes," complete Schedule D,	· · ·		<u></u>
••	Parts VI VIII VIII IV or V an applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	 	<u> </u>	\vdash
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school 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	\vdash	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140	 	 ^
U	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145	┝─┤	
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		_
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		l .
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 on Part Viil, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	r—	X
	Did the organization report more than \$15,000 total of Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	┝─┤	X
19		20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			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		X
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	22		.,
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		1
	\$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_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
С	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		<u> </u>
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			ł
	person from a prior 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		, ,	l
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			1
	Substantial contributor, or to a person related to such an individual? If "Yes." complete Schedule L. Part III	l 27 l		x

Part IV Checklist of Required Schedules (continued) Yas No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 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, 28a Х Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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

Form **990** (2008)

Part V

	•		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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		W.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			X.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	2 2 2
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			2 (Sec.) 2 (Sec.)
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	á.c		\$
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	-	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		Ì	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	3.28	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.	£20.00.0	8,200	Lani:
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	30		_
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
•	Prohibited Tax Shelter Transaction?	6a		х
6a	Did the organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	\$777		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	7	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	x	
_	required?			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			ŲΥ.
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8	~	
9	organization, have excess business holdings at any time during the year?	Ši.		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	\$1.00 \$1.00	2022	4, j.,
а	Initiation fees and capital contributions included on Part VIII, line 12		3	:XX
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			30%
11	Section 501(c)(12) organizations. Enter:		W. W.	W.
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			18
	amounts due or received from them.)	[277]		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u>`````````</u>		تئننا

Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2008) Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body 20 **b** Enter the number of voting members that are independent 1 b 20 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 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7b X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X 9a Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 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 Section B. Policies No Yes 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Does the organization have a written whistleblower policy? 13 13 X Does the organization have a written document retention and destruction policy? 14 14 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: The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b X Describe the process in Schedule O. (see instructions) 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

Secti	on C.	Disclos	ure			 			
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List the states with which a copy of this Form 990 is required to be filed >

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply.

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, and financial statements available to the public.

its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶BARBARA L. HARSHA 444 N. CAPITOL STREET NW SUITE 722 WASHINGTON, DC 20001 202-789-0942

16b

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

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

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

Check this box if the organization did not com	ipensate ar	ту опт	cer,	aire	ecto	r, trus	tee	, or key employee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (chec	ok all	that app	oly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
						<u>ă</u>				
SEE SCHEDULE J-2										
										-
			:						!	
							Ì			

	' (A)	(B)			(6	C)			(D)	(E)		(F)
	Name and title	Average				_	that ap		Reportable	Reporta		Estimated amount of
		hours per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	from from the organization (W-2/1099-MISC)	from relation fr	ated tions	other compensation from the organization and related organizations
			! : :			<u></u>						
											:	
												,,-
					:			_				
										· • ····		
						_						<u> </u>
 -												10.500
1b Total		<u></u>	<u> </u>	•••		<u></u>		▶				18,598
	number of individuals (including those nization ► 1	e in 1a) w	/ho r	ece		1 m	ore t	nan —-	\$100,000 in rej	oonable co	mpens 	Yes No
3 Did empl	the organization list any former offic oyee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or or ch ind	tru <i>ividi</i>	iste ual	e, I	кеу е 	emp	oloyee, or highest	compens	ated	3 >
the d	any individual listed on line 1a, is the organization and related organizations and individual	greater th	an \$	150	,00	0?	If "Y	'es, '	" complete Sched			4
5 Did	any person listed on line 1a received ces rendered to the organization? If "Yes,"	e or accr	ue co	omp	ens	satio	n fro	om	any unrelated o	rganization	for	5 >
	3. Independent Contractors	•										
	plete this table for your five highest opensation from the organization.	compensat	ed in	dep	enc	tent	con	trac	tors that received	more tha	an \$10	00,000 of
	(A) Name and business addi	ess							(B) Description of ser	vices		(C) Compensation
								$oxed{1}$				
								F				
												
2 Total	number of independent contractors (i	الم معالم بام							d thon \$10	0 000 :- T		ひがくきんりんじょく

Page 9

b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gran and similar amounts not included Noncash contributions included Total. Add lines 1a-1f	1b 1c 1d 1d 1e nts, d above 11f 1	164,942. 2,190,709. Business Code 900099 900099	2,355,651. 314,342. 393,630.	314,342.		
2a b c d	ANNUAL MEETING MEMBERSHIP DUES All other program service rev		Business Code 900099	314,342.	314,342.		
2a b c d	ANNUAL MEETING MEMBERSHIP DUES All other program service rev		Business Code 900099	314,342.	314,342.		
b c d	MEMBERSHIP DUES All other program service rev		900099	I	314,342.		
b c d	MEMBERSHIP DUES All other program service rev		•	I	314,342.		
c d e f	All other program service rev		900099	393,630			T
c d e f					393,630.		
ı g							
				707,972.			
3	Investment income (including						
	other similar amounts)	•		46,002.			46,00
4	Income from investment of		_				
5	Royalties · · · · · · ·		_	NONE			
	,	(i) Real	(ii) Personal				333 * Yes
6a	Gross Rents						
°	Less rental expenses						
	Rental income or (loss)						MW: X
ď	Net rental income or (loss).			NONE			
1		(ı) Securities	(II) Other	AGE OF THE COMME	\$\$ ~\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		338 9 11
7a	Gross amount from sales of	3,187.	```				
١.	assets other than inventory	3,107.	<u> </u>				
b	Less cost or other basis		}				
	and sales expenses	1	 				K 180 183
C	Gain or (loss)		l		the distribution of the	and and a second	
d	Net gain or (loss)		<u> ▶</u>	-1,480.		KAN YAWATI II K	-1,48
8a	Gross income from f	fundraising					
	events (not including \$						N 3504
	of contributions reported on	line 1c)					
	See Part IV, line 18	a					
b	Less direct expenses	b	L				Salama 30
C	Net income or (loss) from fur	ndraising events .		NONE			- MANAYA W
	Gross income from gaming a						
1	See Part IV, line 19	a				Hall State Shirt	
ь	Less direct expenses	b				1.40 1.12 1.72 1.73	
С	Net income or (loss) from ga	aming activities	<u> </u>	NONE			
10a	Gross sales of invento	ory, less					
ľ	returns and allowances			N . K. V. Z. V. 3	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Less cost of goods sold					Kiilkaal	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Net income or (loss) from sal		<u></u> >	NONE.	:		
	Miscellaneous Reven		Business Code	ALANDEN I		<i>\$17.44.446.</i>	
11a	MISCELLANEOUS		900099	18 748.			18,74
· · · ·			,,,,,	10, /40.			20,74
۔ ا							
C							· · · · · · · · · · · · · · · · · · ·
	All other revenue				3		
	Total. Add lines 11a-11d .			18,748.	1. 2. 1. 10. A. A.		111 256
1	Total Revenue. Add lines 1h. 9c, 10c, and 11e						

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). Program service (A) Total expenses Management and (D) Do not include amounts reported on lines 6b, Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 NONE Grants and other assistance to individuals in the US See Part IV, line 22 NONE Grants and other assistance to governments. organizations, and individuals outside the US See Part IV, lines 15 and 16 NONE Benefits paid to or for members NONE Compensation of current officers, directors, 112,386 37,462 trustees, and key employees 149,848 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE 82,538 Other salaries and wages 219,363 136,825 Pension plan contributions (include section 401 6,516 (k) and section 403(b) employer contributions). . 17,719 11,203 4,084 6,695 10,779 33,142 22,411 10,731 10 Fees for services (non-employees) NONE a Management NONE 10,234 21,371 31,605 c Accounting d Lobbying NONE NONE Professional fundraising services. See Part IV, line 17 NONE Investment management fees 2,158,926 11,091 2,147,835. NONE 12 87.025 62,339 24,686. 13 Office expenses 27,134 18,348 8,786. 14 Information technology NONE Royalbes...... 15 86,735 63,037 23,698 16 7,503 37,775 45,278 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials NONE Conferences, conventions, and meetings 182.617 179,135 3,482 19 NONE NONE 21 2,505 Depreciation, depletion, and amortization 7,737 5,232 22 11,363 7,684 3,679. 23 24 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) 57,756 14,<u>6</u>06 a MISCELLANEOUS_EXPENSES___ <u>72,362</u> b DUES_AND_SUBSCRIPTIONS_____ 17,750 12,462 5,288 3,294 1,067 2,227 c REPAIRS AND MAINTENANCE ____ 265 d TRAINING____ 818 553 f All other expenses _____ 3,163,495 2,905,274 258,221 Total functional expenses. Add lines 1 through 24f 25 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 educational campaign and fundraising solicitation .

Pá	art X	Balance Sheet						
			(A) Beginning of year			End (B) of yea	ar
	1_	Cash - non-interest-bearing		1				
	2	Savings and temporary cash investments	445,769	$\overline{}$			<u>238</u>	, 162
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L	***************************************	5		····		
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II						
		of Schedule L		6				
ets	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use		8				
۹	9	Prepaid expenses and deferred charges	······································	9				
	1	Land, buildings, and equipment cost basis 10a 145,646.						
	b	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	9,578	T 1				<u>, 607</u>
	11	Investments - publicly traded securities	1,054,521.	\mathbf{r}		1,	010	722
	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 · · · · · · · · · · · · · · · · · ·	3,502.					<u>,096</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,513,370.	T		1,:		<u>587</u>
	17	Accounts payable and accrued expenses	16,613.				6_	<u>, 171</u>
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
es	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
jab		highest compensated employees, and disqualified persons. Complete Part II						
_	1	of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D		25				
_	26	Total liabilities. Add lines 17 through 25	16,613.	26			6,	<u>.171</u>
ses		Organizations that follow SFAS 117, check here ▶						
ā	27	Unrestricted net assets	1,496,757.	27		1,:	263,	416
Balance	28	Temporarily restricted net assets		28				
Fund	29	Permanently restricted net assets		29	······································			
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.						
Assets	30	Capital stock or trust principal, or current funds		30				
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	1,496,757.	33		1,	263,	416
	34	Total liabilities and net assets/fund balances	1,513,370.	34		1.	269.	587
Pa	rt XI	Financial Statements and Reporting						
1	Acco	unting method used to prepare the Form 990. Cash Accrual X Other	er				Yes	No
2a	Were	the organization's financial statements compiled or reviewed by an independent account	tant?			2a		х
b	Were	e the organization's financial statements audited by an independent accountant?				2b	х	
C	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the					
		, review, or compilation of its financial statements and selection of an independent accou				2c	Х	<u></u>
3a		result of a federal award, was the organization required to undergo an audit or audits as s						
		Single Audit Act and OMB Circular A-133?				3a		x
b	If "Ye	es," did the organization undergo the required audit or audits?				3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

GOVERN	ORS HIGH	WAY SAFETY	ASSOCIATION						52-10	21004
Part I			ity Status (All organ			_		e instru	ctions)	
The orga	nization is no	ot a private found	dation because it is: (P	lease check	conly one c	organizati	ion.)			
1 📙	A church, c	onvention of chu	rches, or association	of churches	s described	l in sectio	n 170(b)((1)(A)(i).		
2 🔲			on 170(b)(1)(A)(ii). (At							
3			hospital service organ							
4	A medical	research organi	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(III). Enter the
		ame, city, and sta								
5	-	•	or the benefit of a co	llege or un	iversity ow	med or c	perated i	by a gove	ernmental	unit described in
		(b)(1)(A)(iv). (C								
6			vernment or governme							
7 X			Ily receives a substan		its suppor	t from a	governme	ental unit	or from 1	the general public
_			(1)(A)(vi). (Complete f							
8		•	d in section 170(b)(1)		•					
9			lly receives: (1) more							
			ted to its exempt fun							
			ment income and un						511 tax)	from businesses
			n after June 30, 1975.						4	\
10			and operated exclusive							
11			and operated exclus							
			ublicly supported org							
			at describes the type of		ig organiza e III - Func					rpe III - Other
٠	a Typ		Type II carrier that the organize							•
e			ion managers and oth							
		r section 509(a)(iei ilian on	e or more	publicly.	supported	Jorganiz	ations de	SCHOOL III SCOILOII
f	, , , ,	, , ,	z). I a written determina	tion from	the IRS th	atitic a	Type I	Tyne II o	r Tvoe III	supporting
•		n, check this box								
g			the organization acce	onted any o	ift or contri	 ibution fro	om any of	the	• • • • •	
9	following pe		the organization door	prod any g			u, c.			
			or indirectly controls	s. either ale	one or toa	ether wit	h person	s describ	oed in (ii)	Yes No
			erning body of the sup							11g(i) X
			erson described in (i) a							
			of a person described		- 1 0					11g(iii) X
h		-	ation about the organi		•					·
(i) Name	of supported	(ii) EIN	(iii) Type of organization	T		T	ou notify	(vi) l	s the	(vii) Amount of
orga	inization		(described on lines 1-9 above or IRC section	in col (i) li	sted in your		nization in of your		tion in col. zed in the	support
			(see instructions))	Bosemina	document?		port?		S?	
				Yes	No	Yes	No	Yes	No	
					-					
								_		
						ļ				
			<u></u>						ļ	
]				
						ļ				
						<u> </u>	<u> </u>			
Total									<u> </u>	

Part II
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

<u>Sec</u>	tion A. Public Support						
Cal	endar_year-(or-fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,679,705.	3,126,632.	2,209,288.	2,744,625.	2,355,651.	12,115,901.
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	1,679,705,	3,126,632.	2,209,288.	2,744,625.	2,355,651.	12,115,901.
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		Breed 12 9				8,632,656.
c	shown on line 11, column (f)		**************************************				3,483,245.
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	POC 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		· · · · · · · · · · · · · · · · · · ·	P (8 N 2-21 F 2768 1	3,403,243.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_		1,679,705.	3,126,632.		2,744,625.	2,355,651.	12,115,901.
7 8	Amounts from line 4	1,6/9,/05.	3,126,632.	2,209,288.	2,744,623.	2,353,631.	12,113,301.
	sources	25,411.	20,481.	46,972.	70,453.	46,002.	209,319.
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 from the sale of capital assets (Explain in Part IV)	688.	1,835.	3,813.	44,275.	18,748.	69,359.
11	Total support. Add lines 7 through 10						12,394,579
12	Gross receipts from related activities, etc. (See instructions)			!	12	3,551,358.
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ar as a 501(c)(3)		
	organization, check this box and stop here	<u> </u>		<u></u>	<u> </u>	<u> </u>	<u></u> ▶
<u>Sec</u>	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2008 (I	ine 6, column (f)	divided by line	11, column (f))		14	28.10 %
15	Public support percentage from 2007	Schedule A. Pa	rt IV-A, line 26f			15	45.82 %
16a	33 1/3% support test - 2008. If the d	rganization did	not check the b	ox on line 13. ai	nd line 14 is 33	1/3% or more, of	check this box
	and stop here. The organization quali						
b	33 1/3% support test - 2007. If the o	rganization did	not check a box	on line 13 or 1	6a, and line 15	is 33 1/3% or m	ore, check this
	box and stop here. The organization of	nualifies as a pu	blicly supported	organization .			▶ x
17a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organizatio						
	in Part IV how the organization meets						
	organization			_	•	-	. []
h	10%-facts-and-circumstances test -						
-	15 is 10% or more, and if the organization	_					
	Explain in Part IV how the organization						clv
	•				•	•	·
10	supported organization						
18	Private foundation. If the organization						1
	instructions	<u> </u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·	<u> </u>	

Sche	, dule A (Form 990 or 990-EZ) 2008			5.2	-1021004		Page 3
_	rt III Support Schedule for Orga			tion 509(a)(2)	-1021004		1 030 0
	(Complete only if you checke	d the box on	line 9 of Part I	.)	_		
Sec	tion A. Public Support				·		,
С	alendar year (or fiscal year beginning in).	(a).2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and				i		
	membership fees received. (Do not include						
	any "unusual grants ")		<u> </u>				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					1	
	unrelated trade or business under section 513				1		
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			-			-
70	Amounts included on lines 1, 2, and 3		 		-		
<i>1</i> a	· · · · 1						
b	received from disqualified persons						
	persons that exceed the greater of 1% of		1				
	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			l			
	line 6)						
Sec	tion B. Total Support	-					
C	alendar 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			ļ			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 20, 1075		1	i l		1	

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 (less			1			
section 511 taxes) from businesses						l.
acquired after June 30, 1975						
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						1
(Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
		-1- (1	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			(+)(O)

14	First five years. If the Form 990 is for	the organization's first,	second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and stop here		
Sec	tion C. Computation of Public Sur	nnort Percentage	

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	. 16	%
Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a	33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	-
b	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and	
	line 18 is not more than 22 4/29/, shock this hay and other have. The eventuation qualified on a publicly supported eventuation.	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ To be completed by organizations described below.

► Attach_to_Form_990_or_Form-990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service—

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(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 II-B Do not complete Part II-A

	he organization answered "Ye > Section 501(c)(4), (5), or (6)	es," to Form 990, Part IV, line 5 (Proxy T organizations Complete Part III.	ax), then				
	lame of organization		•	Employer iden	tification number		
		FETY ASSOCIATION ed by all organizations exemp ions for Schedule C for details.	all organizations exempt under section 501(c) and section 527 organizations.				
1 2 3	Political expenditures . Volunteer hours	he organization's direct and indirec		· · · · · · · · · · · · · · · · · · ·			
Pa		ed by all organizations exempt ons for Schedule C for details.	under section 50	n(c)(3).			
1 2 3 4a b	Enter the amount of any of the organization incurre Was a correction made? If "Yes," describe in Part IV To be complete.	excise tax incurred by the organizate excise tax incurred by organization at a section 4955 tax, did it file Form/. ed by all organizations exemptions for Schedule C for details.	managers under se m 4720 for this year	ection 4955	Yes No		
1		expended by the filing organization	n for section 527 e	exempt function			
2	activities	ling organization's funds contribute	d to other organizat				
3		t exempt function expenditures. Ad 7b					
4 5	Did the filing organization State the names, addresse were made. Enter the an contributions received and	file Form 1120-POL for this year? . es and employer identification numl nount paid and indicate if the amod promptly and directly delivered to ittee (PAC) If additional space is ne	ber (EIN) of all secti bunt was paid from a separate political		tions to which payments funds or were political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-		
							
-							

Schedule C (Form 990 or 990-EZ) 2008 52-	L021004	Pa
Part II-A To be completed by organizations exempt under section 501(c)(3) (election under section 501(h)). See the instructions for Schedule C for	that filed Form 5768 or details.	
A Check ▶ if the filing organization belongs to an affiliated group. B Check ▶ if the filing organization checked box A and "limited control" provis	ions apply.	···
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying)	17,420.	
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	3,163,495.	
columns.	308,175.	

If the amount on line 1e, column (a) or (b) is:	The tobbying 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.
Grassroots nontaxable amount (enter 25	5% of line 1f)

77,044.

h Subtract line 1g from line 1a. Enter -0- if line g is more than line a

i Subtract line 1f from line 1c. Enter -0- if line f is more than line c j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2 a Lobbying non-taxable amount	339,849.	269,462.	342,819.	308,175.	1,260,305.		
b Lobbying ceiling amount (150% line 2a, column(e))					1,890,458.		
c Total lobbying expenditures	6,274.	3,654.	2,041.	17,420.	29,389.		
d Grassroots non-taxable amount	84,962.	67,366.	85,705.	77,044.	315,077.		
e Grassroots ceiling amount (150% of line 2d, column (e))			,		472,616.		
f Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE		

Schedule C (Form 990 or 990-EZ) 2008

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form Part II-B 5768 (election under section 501(h)). See the instructions for Schedule C for details. **(b)** No Yes Amount 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 referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? C Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? 1 Direct contact with legislators, their staffs, government officials, or a legislative body? a Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? h Other activities? If "Yes," describe in Part IV i 2 a 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? . . . To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Yes Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or Part III-B section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). а Current year 2a Carryover from last year 2b C 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information Part IV Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (F	orm*990 or 990-EZ) 2008	52-1021004			
Part IV	Supplemental Information (continued)		Page 4		
					
					
			- -		
· ¬					
					

Schedule C (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer identification number
GOV	VERNORS HIGHWAY SAFETY ASSOCIATION		52-1021004
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to For		or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held in o	donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the b		
	impermissible private benefit?		Yes L No
Pa	till Conservation Easements. Complete i	f the organization answered "Yes" to I	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	· • • • • • • • • • • • • • • • • • • •	of an historically importantly land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribution in the for	m of a conservation easement
	on the last day of the tax year.		Held at the End of the Year
_	T-121		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified Number of conservation easements included in (c		
d 3	Number of conservation easements included in (c		
•	the taxable year >	sierred, released, extinguished, or termin	lated by the organization during
4	Number of states where property subject to conse	ryation easement is located.	
5	Does the organization have a written policy regard		iolations and
	enforcement of the conservation easements it hold	s?	Yes No
6	Staff or volunteer hours devoted to monitoring, ins		
7	Amount of expenses incurred in monitoring, inspec		
8	Does each conservation easement reported on lin		
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports	conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text of		cial statements that describes
_	the organization's accounting for conservation eas		
Pai	Organizations Maintaining Collections Complete if the organization answered		er Similar Assets.
1a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its to	ld for public exhibition, education, or rese	arch in furtherance of public service.
b	If the organization elected, as permitted under SF, historical treasures, or other similar assets held fo provide the following amounts relating to these item.	r public exhibition, education, or researches:	n in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line		
	(II) Assets included in Form 990, Part X		
2	If the organization received or held works of art, hi	storical treasures, or other similar assets	for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		▶\$
For F	Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Schedule D (Form 990) 2008

Par	Urganizations Maintaining Co	niections o	ı Arı, n	istorical	rreasures	s, or	Other Similar F	199619 (COTTUING	eu)	
3	Using the organization's accession and or	ther records	, check a	any of the	following t	hat a	re a significant us	se of its	collection	n	
	items (check all that apply):										
а	Public exhibition		d	\Box	Loan or ex	chan	ge programs				
b	Scholarly research		e		Other	•					
c	Preservation for future generation	ons	•	ш							
4	Provide a description of the organization's		and evn	lain how	hev further	the o	organization's ex	empt pur	nose in		
-	Part XIV.	3 CONCONOTIO	and CAP	iaii iioii	incy farmor		organization o ox	р. ро.	P000		
-	During the year, did the organization solid	oit or rosoius	donatio	nc of art	historical t	rasei	ree or other simil	or			
5	assets to be sold to raise funds rather tha							-	Yes		ОиГ
D .										<u> </u>	INO
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an						iliswered res	lo Forri	1 990,		
	Fait IV, line 3, or reported an	amount on	1 01111 3	30, r art	Λ, ΙΙΙΙΘ Ζ Ι .						
та	Is the organization an agent, trustee, cust									_	٦.,,
_	included on Form 990, Part X?					• • •		[Yes	٠ ــــ] No
b	If "Yes," explain the arrangement in Part >	KIV and com	plete the	tollowing	table:						
						\sqcup	A	mount			
	Beginning balance					-					
	Additions during the year					$\overline{}$					
е	Distributions during the year					1e					
f	Ending balance										
2a	Did the organization include an amount of	n Form 990	, Part X,	line 21?				[Yes	; L	No
b	If "Yes," explain the arrangement in Part >										
Par	V Endowment Funds. Complete	if organiza	ation an	swered '	Yes" to Fo	orm 9	90, Part IV, line	10			
	(a) (Current Year	(b) Pr	or year	(c) Two ye	ars ba	ck (d) Three yes	ars back	(e) Fou	ır years	back
1a	Beginning of year balance										
b	Contributions			*********	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			, , , ,		,,	
С	Investment earnings or losses			<i>r</i>							
d	Grants or scholarships										
	Other expenditures for facilities .			·····							
	and programs						i				
f	Administrative expenses	-								***********	
g	End of year balance										
2	Provide the estimated percentage of the	vear end hal	ance hel	d as:	l,				L		
a	Board designated or quasi-endowment	=	%	- 40.							
b		%	— ~								
	Term endowment ▶ %	,,									
	Are there endowment funds not in the po	seession of	the orga	nization t	hat are hel	d and	Ladministered for	the			
-	organization by:	330331011 01	and orga	inization (nat are ner	u ario	adminiotorod for	410		Yes	No
	(i) unrelated organizations								3a(i)		
	**								3a(ii)		
h	(ii) related organizations								3b		
_	If "Yes" to 3a(ii), are the related organizati							• • • •	30		
4	Describe in Part XIV the intended uses of						ling 10				
Par						- 1	ilite 10.				
	Description of investment		or other basestment)) Cost or other basis (other)	•	(c) Depreciation	·	d) Book v	alue 	
1a	Land	•									
b	Buildings										
C	Leasehold improvements										
d	Equipment				106,94	9.	105,590.			1,3	59.
е	Other			1	38,69		34,449				48.
	. Add lines 1a-1e. (Column (d) should equ		Part X,	column (l							07.

Part VII	Investments - Other Securities.	See Form 990, Part X,	, line 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial d	erivatives and other financial products			=
	d equity interests			
	nn (b) should equal Form 990, Part X, col. (B) line 12.,			
Part VIII	Investments - Program Related.	See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
				
	F. 11-11-1			
	nn (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
		(a) Description	(b) Book value	
-	·			
		 		
	nn (b) should equal Form 990, Parl X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities. See Form 990, I	·-·		
	(a) Description of liability	(b) Amount		Á
Federal inco	ome taxes			
				(4) (4) (4) (4) (4)
				%: } .a.()
				•: • • •
Total. (Colum	n (b) should equal Form 990, Part X, col. (B) line 25)	<u> </u>		. X.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	Se D (Form 990) 2008 52-1021004		Page
Part			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,126,893
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,163,495
3	Excess or (deficit) for the year. Subtract-line-2 from line-1	3	-36,602
4	Net unrealized gains (losses) on investments	4	-187,877
5	Donated services and use of facilities	5	· · · · · · · · · · · · · · · · · · ·
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-187,877
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-224,479
Part			443,312
1	Total revenue, gains, and other support per audited financial statements		2,939,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	2,939,010
	1 1	,	
a	Net unrealized gains on investments	 	
b		\dashv	
C	Recoveries of prior year grants	\dashv	
d	Other (Describe in Part XIV)	\dashv	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	· 3	3,126,893
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV)	_	
С	Add lines 4a and 4b		
_ 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		3,126,893
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per F	<u>ieturn</u>	
1	Total expenses and losses per audited financial statements	. 1	3,163,495
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,163,495
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	7	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	. 5	3,163,495
Part			,,,
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lin	ae 1h
	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	.rt 1 v , ma	55 10
u	of that V, mile 4, that A, that Ai, mile 6, that Ai, miles 28 and 45, and that Aii, miles 28 and 45.		
	**		
		_	

Schedule D (F	orm 990) 2008	52-1021004	Page 5
Part XIV	orm 990) 2008 Supplemental Information (continued)		
			
•			
			

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

20**08**

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employer Identification number

GOVERNORS HIGHWAY SAFETY ASSOCIATION

52-1021004

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A)	(B)			-	C)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F)
Name and Title	Average hours per week		tion (that ap				Estimated
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			amount of other compensation from the organization and related organizations
VERNON_FBETKEYCHAIRMAN	1.	х						NONE		NONE
DAVE BEACH			1				1			
SECRETARY	1.	Х				<u> </u>	_	NONE		<u>NONE</u>
LOWELL PORTER										
VICE CHAIR	1.	X		L			_	NONE		NONE
MICHAEL STOUT						1				
TREASURER	1	Х			<u>L</u>			NONE		<u>NONE</u>
PETE BODYK, JR.										
AT-LARGE MEMBER	1.	Х					L	NONE		<u>NONE</u>
ROBERT F. DALLAS										
AT-LARGE MEMBER	1.	Х		<u> </u>				NONE		NONE
LEANNA DEPUE										
AT-LARGE MEMBER	1.	х				L		NONE		NONE
MAJOR DANIEL W. LONSDORF										
AT-LARGE MEMBER	1.	х						NONE		<u>NONE</u>
PETER THOMSON									İ	
AT-LARGE MEMBER	1.	х						NONE		NONE
LAUREN V. STEWART										
REGION 1 REPRESENTATIVE	1.	Х			_			NONE		NONE
PAM FISCHER										
REGION 2 REPRESENTATIVE	1	Х				<u> </u>		NONE		<u>NONE</u>
CHUCK DEWEESE										
REGION 2 ALTERNATE	1	Х						NONE		NONE
JOHN SAUNDERS										
REGION 3 REPRESENTATIVE	1.	х						NONE		NONE
KENDELL POOLE										
REGION 4 REPRESENTATIVE	1.	х						NONE		NONE
MARIANNE A. TRUSSELL										
REGION 4_ALTERNATE	1.	х						NONE		NONE
CHERI MARTI										
REGION 5 REPRESENTATIVE	1.	х						NONE		NONE
TINA O' GRADY										
REGION 5 ALTERNATE	1.	х				ĺ		NONE		NONE
LT. COL. JOHN LEBLANC										
REGION 6 REPRESENTATIVE	1.	х				ļ		NONE		NONE
LARRY_SAUER_	<u>*</u>									
REGION 7 REPRESENTATIVE	1.	x						NONE		NONE
FRED E. ZWONECHEK		 			 			HOME		
REGION 7 ALTERNATE	1.	x						NONE		NONE
DEE_WEST_PETERSON	<u>_</u>	^	H		H-		H	INOINE		MOTAL
REGION 8 REPRESENTATIVE	1	x						NONE		NONE
For Privacy Act and Paperwork Reduction A	Ned Niedles . see /			 .a4:a		ion Fo				J-2 (Form 990) 2008

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

20**08**

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employer Identification number

GOVERNORS HIGHWAY SAFETY ASSOCIATION

52-1021004

Part I Continuation of Officers, Dir Employees	ectors, Truste	es, K	ey t	±m	ploy	yees,	an	a Hignest Corr	ipensated	
(A)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average hours per week	প্ত Individual trustee ০ or director		Officer	_	Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
				-	_	<u>a</u>	_			
JAMES CARPENTER REGION 8 ALTERNATE	1.	х						NONE		NONE
CHRISTOPHER J. MURPHY	Д.,	┼^		_	-			NOINE		1,0212
REGION 9 REPRESENTATIVE	1.	x						NONE		NONE
TROY E. COSTALES										
REGION 10 REPRESENTATIVE	1.	X		<u> </u>				NONE		NONE
MARY HUNTER		1								
REGION 10 ALTERNATE	1.	X	 		<u> </u>		_	NONE		NONE
BARBARA L. HARSHA										10 500
EXECUTIVE DIRECTOR	40.			X	\vdash			131,250.		18,598.
	_									
					!					
	-									
										_

Schedule O (Form 990) 2008 Name of the organization	Employer identification number
GOVERNORS HIGHWAY SAFETY ASSOCIATION	52-1021004
FORM 990_REVIEW_PROCESS	
FORM 990, PART VI, LINE 10	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE IT IS F	<u>ILED</u>
WITH THE IRS.	

FORM 990, PART III - PROGRAM SERVICES -----

4A PROGRAM SERVICE

DRIVING SKILLS FOR LIFE, A PROGRAM DEVELOPED BY FORD MOTOR COMPANY, GHSA AND SAFETY EXPERTS, SEEKS TO REDUCE THE NUMBER OF DRIVING INJURIES AND FATALITIES BY HELPING NEWLY LICENSED DRIVERS DEVELOP THE SKILLS NECESSARY FOR SAFE DRIVING. THE PROGRAM INCLUDES: REDESIGNED DRIVING SKILLS FOR LIFE WEBSITE; RIDE AND DRIVES, A SERIES OF FREE, HANDS-ON DRIVING EVENTS; SUMMER CAMPS WHERE TEEN DRIVERS AND THEIR PARENTS LEARN CRITICAL DRIVING SKILLS; AND AN EDUCATIONAL KIT THAT HAS BEEN SENT TO OVER 20,000 HIGH SCHOOLS WHICH INCLUDES A TEACHER'S GUIDE, ENTERTAINING VIDEO, BROCHURE, POSTER AND A TAKE-HOME COMPONENT SO PARENTS CAN BE INVOLVED. DRIVING SKILLS FOR LIFE FOCUSES ON FOUR SKILLS EXPERTS AGREE ARE MOST IMPORTANT IN PREVENTING CRASHES, WHEN COMBINED WITH ZERO TOLERANCE FOR ALCOHOL USE AND THE IMPORTANCE OF SEAT BELT USE: HAZARD RECOGNITION, VEHICLE HANDLING, SPACE MANAGEMENT, AND SPEED MANAGEMENT.