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19172 03/06/2010 12 22 PM

Department of the Treasury

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

OMB No 1545-0047 2008 Open to Public Inspection

	The organization may have to use a copy of this retain to suitary state.			mapection
A For the 200	8 calendar year, or tax year beginning 7/01/08, and ending 6/30/0	9		
B Check if applica			D Emplo	yer identification number
┌	IIIS IPS		D 2p.0	you recommended manager
Address change	label or FOORDATION, INC.			0.40.66.4.7
X Name change	print or Doing Business As		59-	3496645
Ħ ー	type Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
Initial return	See 214 LOOMIS AVENUE		386	-236-1139
Termination	Specific	1		
=	Instruc- City or town, state or country, and ZIP + 4		G Gross rece	pts \$ 1,408,372
Amended return	tions. DAYTONA BEACH FL 32114			
Application pen	F Name and address of principal officer		H(a) Is this	a group return for
	PETER HEEBNER		affiliate	s? Yes X No
	214 LOOMIS AVENUE		H(b) Are all	affiliates
			ınclude	• • •
	DAYTONA BEACH FL 32114		If "No,"	attach a list (see instructions)
I Tax-exempt	status X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527			
J Website 1	WWW.S-MF.ORG		H(c) Group	exemption number
K Type of organic		Year of formation 1	225	M State of legal domicile FL
		rear of formation	991	M State of legal domicile 2 2
Part I	Summary			
1 Brie	ly describe the organization's mission or most significant activities			
T	D DEVELOP THE FINANCIAL, TECHNOLOGICAL, AND HUMAN RESC	URCES NECE	ESSARY	FOR
ညို ဇ	MA BEHAVIORAL HEALTH SERVICES, INC. TO PROVIDE "BEYOND			
عقا ع	UBSTANCE ABUSE RELATED SERVICES.	JIRIE OF	11111 AN	•
<u> </u>				
_ 6 2 Che	ck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 2	5% of its assets		
3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	35
g 4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	35
			<u> </u>	
. i ota	I number of employees (Part V, line 2a)		5	0
2 6 Tota	I number of volunteers (estimate if necessary)		6	30
7a Tota	I gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
<u> </u>	unrelated business taxable income from Form 990-T, line 34		7b	0
O D IAGI	difference positions taxable income from Porti 950-1, line 54	Prior Ye		Current Year
000				
8 Con	inbutions and grants (Part VIII, line 1h)		4,554	975,522
9 Pro(ram service revenue (Part VIII, line 2g)	8	9,386	118,796
(a) 10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	8	0,142	-121,655
11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,608	209,534
刻 10 元			0,690	1,182,197
월 12 Tota	I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,36	0,690	1,102,197
<u>≪</u> ζ 13 Gra	nts and similar amounts nath (Fart IX, column (A), lines 1-3)	ļ		
2 14 Ben	efits paid to or remembers (Pert IX, column (A), line 4)			
15 Sala	ries, other compensation, employee becarits (Part IX, column (A), lines 5-10)	10	8,437	113,591
			-,	
i loa Pioi	essional Andraising fees (Part IX (Column (A), line 11e) I fundraising expenses (Part IX, column (B), line 25) ► 103,564			······································
b Tota	I fundraising expenses (Part IX, column 2), line 25) 103,564			
111 000	er expenses (Part IX, column (A), times 11a-111d, 11f-24f)	11	1,546	115,753
18 Tota	l expenses Add ines 13-1% (must equal Part IX, column (A), line 25)	21	9,983	229,344
	enue less expenses Subtract line 18 from line 12		0,707	952,853
- 13 KeV	Shac 1000 expenses outstact line 10 HUIII line 12	Beginning o		End of Year
20 Total	Locasta (Part V. line 46)			
20 Tota	l assets (Part X, line 16)		1,761	9,511,950
(불편 21 Tota	I liabilities (Part X, line 26)		0,644	5,397,391
호코 22 Net	assets or fund balances Subtract line 21 from line 20	3,23	1,117	4,114,559
Part II	Signature Block	•		
	Under penalties of perjury, I declare that I bave examined this return, including accompanying schedules a and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all infor	and statements, and mation of which are	to the best o	f my knowledge
		manor or which pro	parer nas an	1 1 _
Sign	L			3/9/10
Here	Signature of officer		Date	
	WAN COSIMI CGO		54.0	
				
	Type or print name and title			
	Preparer's Date	Check	ıf	Preparer's identifying number
Paid		6/10 self- employ	ed L	(see instructions) P00002616
Preparer's		C/ LO Employ		
Use Only	Firm's name (or voorsza ————————————————————————————————————		EIN	▶ 59-2425904
- ,	f self-employed), 141 SAGE BRUSH TRAIL, SUITE D		Phone	
	address, and ZIP + 4 ORMOND BEACH, FL 32174		no ▶	386-672-0775
May the IRS d	scuss this return with the preparer shown above? (see instructions)			X Yes No
	acy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)
DAY FULFIIA	avy met and i appriment traduction not notice, see the separate instructions.			1
				25 416
				U

Form **990** (2008)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses

including grants of \$

) (Revenue \$

(Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ļ	
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	.	ļ	v
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
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		X
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,			
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
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	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4.5	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	45		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
10	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	46		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16 17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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_		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
26	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	20		x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		
-1	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	The second secon		000	_

<u> </u>	art 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	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
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		X
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			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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			
	The state of the s		1	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		
	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	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		ļ	
	gaming (gambling) winnings to prize winners?	1c		X
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 0	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1_		
	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	3b	-	┼
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		x
b	If "Yes," enter the name of the foreign country	4a	 	^
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	1	1	
	Regarding Prohibited Tax Shelter Transaction?	5c	ļ	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	ļ .	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	1
7	Organizations that may receive deductible contributions under section 170(c).		ł	}
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		ļ	
	\$75?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	↓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		İ	,,
	required to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	\dashv	ļ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		ł	
	benefit contract? Did the organization during the year, nev promiums, directly or indirectly, on a personal benefit contract?	7 0	<u> </u>	X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u> </u>	X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79	-	+~
.,	required?	7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		<u> </u>	+
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	ŀ	x
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		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	↓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

	990 (2008) STEWART-MARCHMAN-ACT 59-3496						age 6
Pa	rt VI Governance, Management, and Disclosure (Sections A, B, and C reque required by the Internal Revenue Code)	st inf	ormation	about policies	not		
Sec	tion A. Governing Body and Management						
<u> </u>					Τ,	es	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	5		<u></u>	+	-3	140
	circumstances, processes, or changes in Schedule O See instructions	: 1					
1a	Enter the number of voting members of the governing body	10	35				
b	Enter the number of voting members that are independent	1a 1b	35			i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi					1	
_	any other officer, director, trustee, or key employee?	.,,			Ì	1	x
2		4		2	+		
3	Did the organization delegate control over management duties customarily performed by or under the direction of officers directors as trustees, as key ampleyees to a management company as other necessarily			١,			v
4	supervision of officers, directors or trustees, or key employees to a management company or other personal the organization make any configuration to the organization of officers.		. 61-40	3	+	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
5	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 was	s illea /	5	+		X
6	Did the organization become aware during the year of a material diversion of the organization's assets?			6	+		$\frac{\mathbf{x}}{\mathbf{x}}$
	Does the organization have members or stockholders?			•	+	\dashv	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	ers					x
		2		7.			$\frac{\mathbf{x}}{\mathbf{x}}$
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons.			7	+	\dashv	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	y		1		- 1	
_	• •			١.		\mathbf{x}	-
a	The governing body?			8:		$\hat{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?			81	\neg	^	X
9a	Does the organization have local chapters, branches, or affiliates?	4		9:	+	-	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap	ters,					
40	affiliates, and branches to ensure their operations are consistent with those of the organization?	4		9	+	-	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization and the company the company of	zations				\mathbf{x}	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			1	' -	^	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach	ieo at		1.	.		v
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies				Щ		<u> </u>
360	tion B. Policies				Τ,	, T	
40-	Done the assessment of house and the second of the second			[44		/es X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	a	^	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	ive		١.,	.		v
	rise to conflicts?			12	<u>D</u> _		<u> </u>
С							
	describe in Schedule O how this is done			12		X	
13	Does the organization have a written whistleblower policy?			1	_	X	
14	Does the organization have a written document retention and destruction policy?			1	+	X	
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 de	cision				.	-
a	The organization's CEO, Executive Director, or top management official?			15		X	
b	Other officers or key employees of the organization?			15	b	X	
	Describe the process in Schedule O (see instructions)					İ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					ł	72
_	with a taxable entity during the year?			16	a	_	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					- 1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu	ard				ł	
	the organization's exempt status with respect to such arrangements?				b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (50	1(c)(3)	s only)				
	available for public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website I Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, confl	ict of in	iterest				
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and re						
_	organization ► IVAN COSIMI 1220 WILLIS						.
D	AYTONA BEACH F	ь з	2114	386-2	:36	-1	811

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
- 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 <u>compensated employees</u>, and former such persons

(A)	(B)		/s		C)	4		(D)	(E)	(F)
Name and Title	Average hours per week	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee		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
JOHN GRAHAM MEMBER	1	x								
JILL CROUCH	<u> </u>	 ^		_	-	\vdash	 	0	0	0
MEMBER	1	x						o	o	0
KAREN JANS	<u> </u>	 ^	\vdash	-		╁	<u> </u>	<u> </u>		
MEMBER	1	$ \mathbf{x} $			ŀ			o	o	0
JIMMY FOSTER		+				t				
MEMBER	1	$ \mathbf{x} $						0	0	0
JAMES FRANCE		 								
MEMBER	1	x						o	0	0
MAUREEN FRAN	CE									
MEMBER	1	X					1	0	0	0
JON GREAVES										
MEMBER	1	X						0	0	0
ANDREW GURTI					ł					
MEMBER	1	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0	0	0
FRANK HECKMA										_
MEMBER	1	<u> </u>	L.		<u> </u>	<u> </u>	L	0	0	0
LAWRENCE KEI					1					•
MEMBER	1	X		_	-	 		0	0	0
ED MOORE MEMBER	1	x	ļ				i	o		0
DAVID REMEY		 ^	-		├	├─	-	<u> </u>	0	0
MEMBER	1	x						o	0	0
JOHN TANNER		1			H					
MEMBER	1	x						o	0	0
PETER HEEBNE		+	\vdash		T		-			
CHAIRMAN	1			X				o	0	0
DAVID PERRYM										
VICE CHAIR	1			X	L	L	L	0	0	0
DEBBIE BERNE										
SECRETARY	1	_		X		$oxed{oxed}$		0	0	0
LONNIE BROWN										
TREASURER	1			X	<u>L</u>	1	[0	0	0

Part VII Section A	. Officers, Directors, Trus	tees	, Ke	у Еп	plo	yees	, and	d Highest Compensated E	mployees (continued)				
(A)	(B)				>)			(D)	(E)		(F)		
Name and title , ,	Average hours per week	Individual trustee or director	,	Officer		Highest compensated employee		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		
JAMES H. FOS	TER 1			x				0	0				
TOM MCCLELLA			-			-	 						
MEMBER	1	_		x			_	0	0	<u> </u>			0
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	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u>L_</u>	Ļ.	1		—			
	viduals (including those in 1	a) w	ho re	eceiv	ed n	nore	▶ than	\$100,000 in reportable con	l npensation from the	<u> </u>			
organization ▶ 0											П	Yes	No
	list any former officer, dire							ee, or highest compensated			3	162	X
the organization and								and other compensation fro ' complete Schedule J for si					
individual 5 Did any person liste	d on line 1a receive or accr	ue co	mpe	ensat	ion f	rom	any	unrelated organization for			4		X
Section B. Independent	the organization? If "Yes,"	com	plete	Sch	edul	e J f	or su	uch person		———	5		X
	for your five highest compe	nsate	ed in	depe	nde	nt co	ntra	ctors that received more that	n \$100,000 of				
	(A) Name and business address							Descrip	(B) otion of services		Cor	(C) npensati	เอก
													-
	ependent contractors (included	ing '	those	e in 1) wh	o red	ceive	ed more than \$100,000 in			_		
compensation from DAA	the organization P										0 Form	990	(2008)

<u> Pa</u>	rt V	III Statement	of Revenue					
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	s 1a	• • • • • • • • • • • • • • • • • • • •		10461106		312, 313, 01 314
Program Service Revenue Contributions, gifts, grants	, ia	Membership dues	1b	· · · ·			į	
PS	U						į	
tş E	C .	Fundraising events	1c			2		
<u>.e/a</u>	d	Related organizations						
Siris	0	Government grants (contribut	ons) 1e			·		
폭틸	f	All other contributions, gifts, g						
흔힘		and similar amounts not inclu-	ded above 1f	975,522			i	
털	g	Noncash contributions include	ed in lines 1a-1f \$	370,646				
<u> </u>	h	Total. Add lines 1a-1	l <u>f</u>	<u> </u>	975,522			
흵				Busn. Code				
ᇹ	2a	RESEARCH SER	VICES		118,796			118,796
8	ь							······································
<u>.</u> 2	С							
Ş	d							
E	0			-				
E	f	All other program ser	VICO FOVONUO					
5		Total. Add lines 2a-2		—	118,796			
	- 4	_		-	116,796			
	3	Investment income (i	-	. 1	27 541			27 541
		other similar amounts	•		37,541			37,541
	4	Income from investm	ent of tax-exempt b	ond proceeds				
	5	Royalties	<u>.</u> .	<u> </u>				
		_	(i) Real	(II) Personal				
	6a	Gross Rents	191,100					
	b	Less rental exps	66,979					
	С	Rental inc or (loss)	124,121				i	
	d	Net rental income or	(loss)	>	124,121	124,121		
	/a	Gross amount from sales of assets	(i) Securities	(ii) Other				
		other than inventory			ĺ			
	b	Less cost or other						
		basis & sales exps	159,196	1				
	С	Gain or (loss)	-159,196					
	d	Net gain or (loss)		•	-159,196	-159,196		
	8a	Gross income from fund	raisıng events			· · · · · · · · · · · · · · · · · · ·		
9		(not including \$						
li e		of contributions reported	Lon line 1c)	1				
ě		See Part IV, line 18	a					
1	h	Less direct expense						
Other Revenue		Net income or (loss)		ents	•			
		Gross income from gam		ills P				
	Ja	See Part IV, line 19	·	Ī				
	_		a					
		Less direct expense						
		Net income or (loss)		es 🕨	·			-
	TUA	Gross sales of invent	· ·					
		returns and allowanc						
		Less cost of goods s						
	С	Net income or (loss)						
		Miscellaneo	us Revenue	Busn. Code	!			
	11a	SPECIAL EVENTS	3		85,413			85,413
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-	-11d	•	85,413	-		
	12	Total Revenue. Add	lines 1h, 2g, 3, 4, 5	6d, 7d, 8c.				
		9c, 10c, and 11e	, Q , = , -1 =	• 1	1,182,197	-35,075	o	241,750
$\overline{}$							<u>_</u>	

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)

7.0, 85, 9b, and 10b of Part VIII. 1 Gents and other assistance to governments and organizations the U.S. See Part IV, line 2? 2 Grants and other assistance to individuals in the U.S. See Part IV, line 2? 3 Grants and other assistance to individuals in the U.S. See Part IV, line 2? 4 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 2? 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Person plan contributions (include section 491(t)) and section 49(t)) employee contributions (include section 491(t)) and section 49(t) employee contributions 9 Person plan contributions (include section 491(t)) and section 49(t) employees 10 Feer of services (non-employees) 11 Fees for services (non-employees) 12 Accounting 13 Conferences (see Part IV, line 17 Investment management fees 14 Conferences (see Part IV, line 17 Investment management fees 15 Conferences convertions, and meetings 16 Conferences convertions, and meetings 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for Conference (Expenses of Converted See See See See See See See See See S		All other organizations must				·
crapsuzionis in the U.S. See Part IV, Inne 21 Grants and other assistance to individuals in the U.S. See Part IV, Inne 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Inne 15 and 16 U.S. See Part IV, Innes 15 and 16 Benefits pad to or for members Compensation of current officers, directors, trustees, and key employees Compensation of undered above, to disqualified penose (see define under section 495(k)(1) and persons described sove, to disqualified penose (see define under section 495(k)(1) and persons described in section 495(k)(1) and persons described in section 495(k)(1) and persons described in section 495(k)(1) and section 495(k) employee contributions Other saliens and wages Person plan contributions ((includ section 491(k) and section 491(k) and section 491(k) and section 491(k) employee contributions II. Fees for services (non-employees) Advantagement Legal Accounting Lobying Professional fundradisting services. See Part IV, Inn 17 Investment management fees Other 2. Advertising and promotion 3. Office expenses 1. Information teachinology 4. Reyaltes Conference, conventions, and meetings information described and section 43 (k) and 43 (k) 34		·	(A) Total expenses			
crapsuzionis in the U.S. See Part IV, Inne 21 Grants and other assistance to individuals in the U.S. See Part IV, Inne 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Inne 15 and 16 U.S. See Part IV, Innes 15 and 16 Benefits pad to or for members Compensation of current officers, directors, trustees, and key employees Compensation of undered above, to disqualified penose (see define under section 495(k)(1) and persons described sove, to disqualified penose (see define under section 495(k)(1) and persons described in section 495(k)(1) and persons described in section 495(k)(1) and persons described in section 495(k)(1) and section 495(k) employee contributions Other saliens and wages Person plan contributions ((includ section 491(k) and section 491(k) and section 491(k) and section 491(k) employee contributions II. Fees for services (non-employees) Advantagement Legal Accounting Lobying Professional fundradisting services. See Part IV, Inn 17 Investment management fees Other 2. Advertising and promotion 3. Office expenses 1. Information teachinology 4. Reyaltes Conference, conventions, and meetings information described and section 43 (k) and 43 (k) 34						· · · · · · · · · · · · · · · · · · ·
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2 S 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 of or members C 5 Compensation of current officers, directors, trustees, and key employees C 6 Compensation individed above, to dequalified persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and person described in section 4958(f)		-				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits pad to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation and rudidal above, to disqualified persons (as defined under section 4980(I)) and persons described in section 4980(I) and seaton 403(I) and	2	~				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits pad to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation and rudidal above, to disqualified persons (as defined under section 4980(I)) and persons described in section 4980(I) and seaton 403(I) and		the U.S. See Part IV, line 22				
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6 Compensation not included above, to disqualified persons (as defined under section 4950(((())) and persons (as defined under section 4950((())) and persons described in section 4950((())) and persons described in section 4950((())) and section 403(()) employer contributions (include section 401(()) and section 403(()) employer contributions (include section 401(()) and section 403(()) employer contributions (include section 401(()) and section 403(()) employer contributions (include section 403(()) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 13 Legal 14 Accounting 15 Legal 16 Accounting 17 Investiment management fees 18 Poilssonal fundracing services See Part IV, Ine 17 Investiment management fees 19 Other 10 Adventising and promotion 10 Office expenses 12 Adventising and promotion 13 Office expenses 14 Adventising and promotion 15 Office expenses 17 Travel Information technology 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Payments to affiliates 10 Payments to affiliates 11 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Agricultural displayments to affiliates 14 Agricultural displayments to affiliates 15 Payments to affiliates 16 Occupancy 17 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Payments to affiliates 20 Interest 21 Other expenses literace expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total presences as shown in the 25 below) and contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of		· 1				
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g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 2 CONTRACT SERVICES 2 DATE OF OTHER GENERAL & ADMIN. EX 2 OTHER GENERAL & ADMIN. EX 3 OTHER PROFESSIONAL SERVIC 5 BANK CHARGES 1,097 2 Interest 2 1,439 2 2,439 3 2,439 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	f		······································			
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) a CONTRACT SERVICES 33,333 33,333 b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC BANK CHARGES 1,097 1,097 1,097 25 Total functional expenses. Add lines 1 through 24f 25 Joint Costs. Check here		· •				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 43,034 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) CONTRACT SERVICES PROFESSIONAL CONTRACT EXP OTHER GENERAL & ADMIN. EX OTHER PROFESSIONAL SERVIC BANK CHARGES All other expenses 1,097 All other expenses. Add lines 1 through 24f Joint Costs. Check here Infollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES f All other expenses 1,097 5 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here	18	-				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES 1,097 f All other expenses 1,097 25 Total functional expenses. Add lines 1 through 24f 26 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	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization Insurance 43,034 43,034 43,034 Contract services Contract services PROFESSIONAL CONTRACT EXP COTHER GENERAL & ADMIN. EX COTHER GENERAL & ADMIN. EX COTHER PROFESSIONAL SERVIC BANK CHARGES All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here In following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	20	Interest				
23 Insurance 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) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here	21	Payments to affiliates				
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) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP 20,770 c OTHER GENERAL & ADMIN. EX 6,232 d OTHER PROFESSIONAL SERVIC 5,849 e BANK CHARGES f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here	22	Depreciation, depletion, and amortization	43,034	43,034		
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP 20,770 c OTHER GENERAL & ADMIN. EX 6,232 d OTHER PROFESSIONAL SERVIC 5,849 e BANK CHARGES f All other expenses 1,097 25 Total functional expenses. Add lines 1 through 24f 26 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	23	Insurance				
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP 20,770 c OTHER GENERAL & ADMIN. EX 6,232 d OTHER PROFESSIONAL SERVIC 5,849 e BANK CHARGES f All other expenses 1,097 25 Total functional expenses. Add lines 1 through 24f 26 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	24	Other evenence Herring Surgaria				
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES f All other expenses 1,097 20,70 20,77 6,232 6,232 6,232 6,232 7,849 8,849 9,999 1,097 1,097 21,097 22,999 1,097 23,099 24,099 25 Total functional expenses. Add lines 1 through 24f 24,097 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	4	•			1	
5% of total expenses shown on line 25 below) a CONTRACT SERVICES b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES f All other expenses 1,097 Total functional expenses. Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•				
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b PROFESSIONAL CONTRACT EXP c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES f All other expenses 1,097 1097 20,770 20,770 6,232 5,849 5,849 2,999 1,097 21,097 229,344 229,344 229,344 229,344 229,344 239,344 240,700 15,080 103,500		· · · · · · · · · · · · · · · · · · ·	22 222	22 222		
c OTHER GENERAL & ADMIN. EX d OTHER PROFESSIONAL SERVIC e BANK CHARGES f All other expenses 1,097 25 Total functional expenses. Add lines 1 through 24f 26 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				33,333	 	20 770
d OTHER PROFESSIONAL SERVIC BANK CHARGES f All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here Jif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and					C 020	20,770
e BANK CHARGES f All other expenses 1,097 25 Total functional expenses. Add lines 1 through 24f 229,344 110,700 15,080 103,56 2,999 1,097 25 Total functional expenses. Add lines 1 through 24f 229,344 110,700 15,080 103,56						
f All other expenses 1,097 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here	-					
Total functional expenses. Add lines 1 through 24f 229,344 110,700 15,080 103,50 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	_				2,999	4 00=
26 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		•		110 700	45 000	1,097
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			229,344	110,700	15,080	103,564
	26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				

<u> </u>	art X	Balance Sheet									
					(A)		(B	-			
					Beginning of year		End of	<u> </u>			
	1	Cash—non-interest bearing		_	83,925	1			<u>547</u>		
	2	Savings and temporary cash investments			1,491,279		8	/4,	<u> 203</u>		
	3	Pledges and grants receivable, net		1	70,325	3					
	4	Accounts receivable, net		<u> </u>		4					
	5	Receivables from current and former officers, directors, tru	ustees, key								
		employees, or other related parties. Complete Part II of Sc		<u> </u> _		5					
	6	Receivables from other disqualified persons (as defined ur	nder section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B)) Complete								
		Part II of Schedule L		<u> </u>		6					
ş	7	Notes and loans receivable, net		Ļ		7					
Assets	8	Inventories for sale or use		<u>_</u>		8					
ĕ	9	Prepaid expenses and deferred charges				9					
	10a	Land, buildings, and equipment cost basis	10a	7,799,400							
	ь	Less accumulated depreciation Complete									
		Part VI of Schedule D	10b	174,555	1,922,119	10c	7,6				
	11	Investments—publicly traded securities		L	1,584,113	11	6	62,	355		
	12	Investments—other securities See Part IV, line 11		L		12	2	15,	000		
	13	Investments—program-related See Part IV, line 11		L		13					
	14	Intangible assets				14					
	15	Other assets See Part IV, line 11				15					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,151,761	16	9,5				
	17	Accounts payable and accrued expenses			26,129	17		53,	111		
	18	Grants payable		L		18					
	19	Deferred revenue			107,925	19	_	89,	200		
	20	Tax-exempt bond liabilities				20					
es	21	Escrow account liability Complete Part IV of Schedule D				21					
Liabilities	22										
abi		employees, highest compensated employees, and disqual	lified								
Ë		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third p	arties		1,786,590	23	4,8	91,	591		
	24	Unsecured notes and loans payable		Γ		24			489		
	25	Other liabilities Complete Part X of Schedule D		Ī		25					
	26	Total liabilities. Add lines 17 through 25			1,920,644	26	5,3	97,	391		
S		Organizations that follow SFAS 117, check here ▶	and		····						
nces		complete lines 27 through 29, and lines 33 and 34.									
<u>a</u>	27	Unrestricted net assets			3,195,584	27	4,1	07,	109		
Balaı	28	Temporarily restricted net assets			35,533				450		
	29	Permanently restricted net assets				29					
or Fund		Organizations that do not follow SFAS 117, check here	o ▶ 📋								
Ĕ		and complete lines 30 through 34.									
	30	Capital stock or trust principal, or current funds				30					
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fu	und			31					
S	32	Retained earnings, endowment, accumulated income, or o				32	· · ·				
it A	33	Total net assets or fund balances		<u> </u>	3,231,117	33	4,1	14.	559		
ž	34	Total liabilities and net assets/fund balances		<u> </u>	5,151,761	34	9,5	$\frac{11}{11}$.	950		
P	art X				-7-0-7.02						
								Yes	No		
1		٠٠٠ البيا		ccrual Oth				ļ			
28		ere the organization's financial statements compiled or revie	-	='	7		2a		X		
t		ere the organization's financial statements audited by an indi	•				2b	X	 		
(Yes" to lines 2a or 2b, does the organization have a commit			•		}		1		
		e audit, review, or compilation of its financial statements and		•			2c	X			
3a		a result of a federal award, was the organization required to	o undergo an a	udit or audits as set f	orth in		}				
		Single Audit Act and OMB Circular A-133?					3a	<u> </u>	X		
t	o If "	Yes," did the organization undergo the required audit or aud	iits?				3b	l	l .		

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.

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

STEWART-MARCHMAN-ACT

FOUNDATION, INC. 59-3496645

	irt i	Reasc	on for Fublic Charity S	status (All organizations	must co	mpiete	uns pa	яп.) (S	ee ins	tructio	115)		
The	orgai	nization is not a	private foundation because	it is (Please check only one or	ganization)							
1	Ш	A church, con	vention of churches, or associ	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	A)(i).						
2		A school desc	inbed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or a	cooperative hospital service	organization described in sect	tion 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H)				
4		A medical res	earch organization operated	in conjunction with a hospital de	escribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospit	al's name,		
		city, and state											
5		An organization	on operated for the benefit of	a college or university owned o	or operated	by a gove	emmenta	ıl unıt de	scribed	ın			
		section 170(t)(1)(A)(iv). (Complete Part II)									
6		A federal, stat	e, or local government or gov	vernmental unit described in se	ction 170(I	o)(1)(A)(v).						
7	П	An organization	on that normally receives a su	ubstantial part of its support from	m a governi	mental un	it or fron	n the ger	neral pu	blic			
	_	described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II)	_			_	-				
8	П	A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part I	II)								
9	П	An organization	on that normally receives (1)	more than 33 1/3 % of its supp	ort from co	ntribution	s, memb	ership fe	es, and	gross			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
		support from	gross investment income and	unrelated business taxable inc	ome (less :	section 51	11 tax) fr	om busii	nesses				
		acquired by th	e organization after June 30,	1975 See section 509(a)(2).	(Complete	Part III)							
10		An organization	on organized and operated ex	clusively to test for public safet	ty See sec	tion 509(a)(4). (se	e instru	ctions)				
11	X	An organization	on organized and operated ex	clusively for the benefit of, to p	erform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supported	d organizations described in sec	ction 509(a)(1) or se	ction 509	9(a)(2) 5	See sec	tion			
		509(a)(3). Che	eck the box that describes the	e type of supporting organizatio	n and com	plete lines	11e thr	ough 11	h				
	_	a Type	l b Type II	c 🗓 Type III–Function	ally Integra	ited	d	Тур	e III-Otl	her			
е	X	By checking the	nis box, I certify that the orga	nization is not controlled directly	y or indirect	lly by one	or more	disquali	fied				
		persons other	than foundation managers a	nd other than one or more publ	icly suppor	ted organ	ızatıons	describe	d in sec	ction			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ition received a written deterr	mination from the IRS that it is a	а Туре I, Ту	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribu	tion from ai	ny of the							
		following pers	sons?										
		(i) A person	who directly or indirectly cor	itrols, either alone or together w	vith persons	s descnbe	ed in (ii)					Yes	No
		and (III) b	elow, the governing body of	the supported organization?							11g(i)		X
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii	<u> </u>	X
			ontrolled entity of a person de								11g(iı	i)	X
h		Provide the fo	ollowing information about the	e organizations the organization	n supports								
(1)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii) An	nount of	
	org	janization		(described on lines 1–9		sted in your	-	ization in	organizat		sup	port	
				above or IRC section (see instructions))	governing	document?		of your cort?		zed in the			
				(000	Yes	No	Yes	No	Yes	No			
SN	ſΑ	BEHAVIO	RAL HEALTH SEE	VICES, INC.	 		 	-		 			
			59-0976866	11A	x	•	x		x				
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Page 2

Pa	Int II Support Schedule for On (Complete only if you che				1)(A)(iv) and 17	′0(b)(1)(A)(vi)	
Sec	tion A. Public Support	<u> </u>	<u> </u>					
	endar.year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(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							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>			
	tion B. Total Support		· · ·					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4		ļ					
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 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (see instructions)	<u> </u>	<u> </u>	L	··· · · · ·	12	
13	First five years. If the Form 990 is for the c	-	second third four	th or fifth tay year a	as a section 501(c)(3)	12	
	organization, check this box and stop here	•	Scoona, ima, roar	in, or min tax year t	33 13 30011011 30 1(0)(J ,		▶ □
Sec	tion C. Computation of Public Su		age	·······				<u></u>
14	Public support percentage for 2008 (line 6,	•		(f))			14	%
15	Public support percentage from 2007 Schei	2.2	-	```			15	%
16a	-			3, and line 14 is 33	1/3 % or more, che	ck this box		
	and stop here. The organization qualifies a			·	,			▶ [
b	33 1/3 % support test—2007. If the organi	zation did not ched	ck a box on line 13	or 16a, and line 15	is 33 1/3 % or more	e, check this		_
	box and stop here. The organization qualif							▶ [
17a	10%-facts-and-circumstances test-2008	3. If the organization	on did not check a l	oox on line 13, 16a,	or 16b, and line 14	ıs 10% or		
	more, and if the organization meets the "fac							_
	organization meets the "facts-and-circumsti			<u>-</u>				▶ [
b	10%-facts-and-circumstances test—2003				-	ne 15 is 10%	or	
	more, and if the organization meets the "fac							
	organization meets the "facts-and-circumsta							▶ [
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions		▶ _
	· · · · · · · · · · · · · · · · · · ·							

Schedule A (Form 990 or 990-EZ) 2008 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	ORCO THE BOX	on mic o or r a	11.1.7			
	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	(4) 2007	(3) 2000	(0) 2000	(0) 2001	(0,2335	
2	any "unusual grants.") Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from			<u> </u>	 		
•	line 6)	- 			. =		
Sec	tion B. Total Support	<u>.</u>		·!	1		
Cal	lendar 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 section 511 taxes) from businesses acquired after June 30, 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 carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						,
	and 12)			1		<u> </u>	
14	First five years. If the Form 990 is for the o	-	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						▶ ∐
Sec	tion C. Computation of Public Su			,			
15	Public support percentage for 2008 (line 8,			(f))		15	%
16	Public support percentage from 2007 Sche			,,		16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2008 (lin		•	column (f))		17	- %
18	Investment income percentage from 2007 S					18	%
19a	33 1/3 % support tests—2008. If the organ						. □
L	17 is not more than 33 1/3 %, check this bo	•	•	•			
Ь	33 1/3 % support tests—2007. If the organ						⊾ □
20	line 18 is not more than 33 1/3 %, check the	-	•	•	• • •	•	

Schedule A (Form 990 or 990-EZ) 2008 STEWART-MARCHMAN-ACT

59-3496645

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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.

OMB No 1545-0047

2008

Open to Public

Inspection Name of the organization **Employer identification number** STEWART-MARCHMAN-ACT FOUNDATION, INC. 59-3496645 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

3a(i)	
3a(ii)	
3b	

Part VI	Investments—Land, Buildir	gs, and Equipment. S	ee Form 990, Part X,	line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land			681,982		681,982
b Building	gs		1,075,851	174,555	901,296
c Leaseh	old improvements				
d Equipm	nent				
e Other	CIP & LOAN COSTS		6,041,567		6,041,567
otal. Add lin	es 1a-1e (Column (d) should equal For	m 990, Part X, column (B), lir	ne 10(c))		7,624,845

Schedule D (Form 990) 2008

STEWART-MARCHMAN-ACT

Schedule D (Form 990) 2008 STEWART-MARCHMAN-ACT		59-3496645	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuatio	n
(including name of security)		Cost or end-of-year market	t value
inancial derivatives and other financial products			
losely-held equity interests			
Other		1	
		 	
		-	
·	····	 	
-			
			_
	 		
total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1		
Part VIII Investments—Program Related. See Form 990			·-
(a) Description of investment type	(b) Book value	(c) Method of valuatio	
		Cost or end-of-year marke	t value
		<u> </u>	
		1	
· · · · · · · · · · · · · · · · · · ·			
otal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15		<u> </u>	
(a) Description			(b) Book value
			· ,
	•		
			
			
			
			_
otal. (Column (b) should equal Form 990, Part X, col (B) line 15)	r	.	
Part X Other Liabilities. See Form 990, Part X, line 25			· · · · · · · · · · · · · · · · · · ·
(a) Description of liability	(b) Amount		
ederal income taxes			
		_	
		_	
		_	
		7	
		7	
		7	
		7	
		7	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	-	Ⅎ	
n Part XIV, provide the text of the footnote to the organization's financial state		inization's liability for	
incertain tax positions under FIN 48	menta that reports the orga	mization s hability to	

59-3496645

2 To 3 E. 4 N 5 D 6 In 7 P 8 O 9 To 10 E Part 1 To 2 A	otal revenue (Form 990, Part VIII, column (A), line 12) otal expenses (Form 990, Part IX, column (A), line 25) occess or (deficit) for the year Subtract line 2 from line 1 et unrealized gains (losses) on investments onated services and use of facilities ovestment expenses nor period adjustments ther (Describe in Part XIV) otal adjustments (net) Add lines 4-8 occess or (deficit) for the year per financial statements Combine lines 3 and 9			1 2 3 4 5 6 7 8 9 10 urn 1	
2 To 3 E. 4 N 5 D 6 In 7 P 8 O 9 To 10 E Part 1 To 2 A	otal expenses (Form 990, Part IX, column (A), line 25) scess or (deficit) for the year. Subtract line 2 from line 1 et unrealized gains (losses) on investments conated services and use of facilities evestment expenses nor period adjustments ether (Describe in Part XIV) cotal adjustments (net). Add lines 4-8 excess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII. Reconciliation of Revenue per Audited Financial Statement etal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments conated services and use of facilities ecoveries of prior year grants	2a 2b		2 3 4 5 6 7 8 9	229,344 952,853 -5,777 -63,634 -69,411 883,442
3 E. 4 N 5 D 6 In 7 P 8 O 9 T 10 E Part 1 T 0 2 A	Access or (deficit) for the year Subtract line 2 from line 1 at unrealized gains (losses) on investments contained services and use of facilities evestment expenses are period adjustments ther (Describe in Part XIV) and adjustments (net) Add lines 4-8 access or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statement atal revenue, gains, and other support per audited financial statements arounts included on line 1 but not on Form 990, Part VIII, line 12 at unrealized gains on investments arounted services and use of facilities are coveries of prior year grants	2a 2b		3 4 5 6 7 8 9	952,853 -5,777 -63,634 -69,411 883,442
4 N 5 D 6 In 7 P 8 O 9 T 10 E Part 1 T 2 A	et unrealized gains (losses) on investments conated services and use of facilities evestment expenses nor period adjustments ther (Describe in Part XIV) cotal adjustments (net) Add lines 4-8 excess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statement cotal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments conated services and use of facilities ecoveries of prior year grants	2a 2b		4 5 6 7 8 9	-5,777 -63,634 -69,411 883,442
5 D 6 In 7 P 8 O 9 To 10 E Part 1 To 2 A	conated services and use of facilities evestment expenses for period adjustments ther (Describe in Part XIV) otal adjustments (net) Add lines 4-8 excess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statement otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments onated services and use of facilities ecoveries of prior year grants	2a 2b		5 6 7 8 9	-63,634 -69,411 883,442
6 In 7 P 8 0 9 T 10 E Part 1 T 6 2 A	vestment expenses nor period adjustments ther (Describe in Part XIV) otal adjustments (net) Add lines 4-8 vcess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statement otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments onated services and use of facilities decoveries of prior year grants	2a 2b		6 7 8 9	-69,411 883,442
7 P. 8 O. 9 T. 10 E. Part 1 T. 2 A	ther (Describe in Part XIV) that adjustments (net) Add lines 4-8 tocess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statement that revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments materials grants.	2a 2b		7 8 9 10	
8 O 9 To 10 E Part 1 To 2 A	ther (Describe in Part XIV) patal adjustments (net) Add lines 4-8 coess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements patal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments provided services and use of facilities decoveries of prior year grants	2a 2b		8 9 10	-69,411 883,442
9 To 10 E Part 1 To 2 A	otal adjustments (net) Add lines 4-8 scess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments onated services and use of facilities ecoveries of prior year grants	2a 2b		9	-69,411 883,442
10 E Part 1 To 2 A	XII Reconciliation of Revenue per Audited Financial Statements tal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments monated services and use of facilities ecoveries of prior year grants	2a 2b		10	883,442
Part 1 To 2 A	XII Reconciliation of Revenue per Audited Financial Statemental revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments conated services and use of facilities ecoveries of prior year grants	2a 2b			
1 To	otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments onated services and use of facilities ecoveries of prior year grants	2a 2b		1	1,203,868
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments onated services and use of facilities ecoveries of prior year grants	2b	-5,777		
	onated services and use of facilities ecoveries of prior year grants	2b	-5,777		
a N	ecoveries of prior year grants			1 1	
b D	· · · · · · · · · · · · · · · · · · ·	2c			
c R	ther (Describe in Part XIV)				
d O		2d	27,448		
e A	dd lines 2a through 2d			2e	21,671 1,182,197
	ubtract line 2e from line 1) [3	1,182,197
	nounts included on Form 990, Part VIII, line 12, but not on line 1:				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIV)	4b		.	
	dd lines 4a and 4b			4c 5	1,182,197
5 To	otal revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) XIII Reconciliation of Expenses per Audited Financial Statem	ents With F	vnansas nar R		
	otal expenses and losses per audited financial statements		Aponoce por re	1	320,426
	mounts included on line 1 but not on Form 990, Part IX, line 25				
	onated services and use of facilities	2a			
b P	nor year adjustments	2b		1	
c L	esses reported on Form 990, Part IX, line 25	2c]	
d O	ther (Describe in Part XIV)	2d	91,082]	
e A	dd lines 2a through 2d			2е	91,082
3 S	ubtract line 2e from line 1) (3	229,344
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIV)	4b			
	dd lines 4a and 4b			4c	220 244
	otal expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·	5	229,344
	e this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 1a and 4 Part	IV lines 1h		<u> </u>
•	Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a		IV, IIIIes ID		
	RT XI, LINE 8 - RECONCILATION OF CHANGES				
				. – -	
_DE	PRECIATION OF CHARITABLE GIFT ANNUITIES		\$		_ <u>-63,63</u> 4
_D]	RECT FUNDRAISING EXPENSES		\$	<u> </u>	24,103
_D]	RECT RENTAL EXPENSES		\$	<u> </u>	6 <u>6,979</u>
_D <u>1</u>	RECT FUNDRAISING EXPENSES		\$	<u> </u>	
_D <u>1</u>	RECT RENTAL EXPENSES	- -	\$	<u> </u>	
			- -	. .	

SCHEDULE M (Form 990)

NonCash Contributions

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

Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STEWART-MARCHMAN-ACT

FOUNDATION, INC

Employer Identification number 59-3496645

De	art I Types of Property	/II, III	<u>. </u>		39-349004			
	art I Types of Property	1						
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determinin	9		
		applicable	·	Form 990, Part VIII, line 1g	revenues			
1	Art—Works of art							
2	Art—Historical treasures	<u> </u>						
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles					_		
7	Boats and planes							
8	Intellectual property		-					
9	Secunties—Publicly traded							
10	Securities—Closely held stock					_		
11	Secunties—Partnership, LLC,							
	or trust interests					_		
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							_
	contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							•
25	Other ▶ (X	1	370,646	CONSTRUCTION COST	'S P	AID)
26	Other ► (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the	ne organiza	ition during the tax year f	or contributions for				
	which the organization completed For	rm 8283, Pa	art IV, Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1-2	8 that			
	it must hold for at least three years from	om the date	e of the initial contribution	, and which is not required t	o be			
	used for exempt purposes for the enti-	ire holding	period?			30a		X
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revi	ew of any non-standard				l
	contributions?					31		Х
32a	Does the organization hire or use thin	d parties or	related organizations to	solicit, process, or sell non-	cash			
	contributions?					32a		Х
b	If "Yes," describe in Part II							
33	If the organization did not report rever	nues in colu	umn (c) for a type of prop	erty for which column (a) is	checked,			
	describe in Part II							

Schedule M (Form 990) 2008 STEWART-MARCHMAN-ACT

59-3496645

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

STEWART-MARCHMAN-ACT FOUNDATION, INC.

Employer identification number 59-3496645

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 - FORM 990 WAS PRESENTED TO THE BOARD IN CONJUNCTION WITH THE INDEPENDENT AUDITOR'S REPORT & FINANCIAL STATEMENTS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICT OF INTEREST IS DISCUSSED WHEN A NEW MEMBER JOINS THE BOARD. THEY ARE ASKED THAT IF THEIR SITUATION CHANGES AND A POTENTIAL CONFLICT ARISES THAT THEY NEED TO DISCLOSE IT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE FOUNDATION BOARD REVIEWS AND APPROVES COMPENSATION FOR OFFICERS AND MANAGERS IN ACCORDANCE WITH STEWART-MARCHMAN-ACT'S POLICIES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE FOUNDATION BOARD REVIEWS AND APPROVES COMPENSATION FOR OFFICERS AND MANAGERS IN ACCORDANCE WITH STEWART-MARCHAN-ACT'S POLICIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

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<u>5</u>

SCHEDULE R (Form 990)

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

Schedule R (Form 990) 2008 Open to Public Inspection 2008 Employer identification number (F) Direct controlling (F) Direct controlling entity entity 59-3496645 (E)
Public charity status
(# section 501(c)(3)) (E) End-of-year assets ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. <u>_</u> (D) Exempt Code section (D) Total income 501 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state
or foreign country) 딥 ▶ See separate instructions. HEALTH SVC Primary activity Primary activity <u>@</u> <u>@</u> For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Identification of Related Tax-Exempt Organizations 59-0976866 Identification of Disregarded Entities (A)Name, address, and EIN of related organization STEWART-MARCHMAN-ACT (A)Name, address, and EIN of disregarded entity SMA BEHAVIORAL HEALTH SVCS., INC FL 32114 FOUNDATION, INC. 1220 WILLIS AVE. DAYTONA BEACH Name of the organization Department of the Treasury Internal Revenue Service Part ! Part II

59-3496645

Page 2

Schedule R (Form 990) 2008 STEWART-MARCHMAN-ACT

	ions Taxable as	a Partnership						
(A) Name, address, and EIN of related organization	(B) Primary activity		(E) Predominant income (related, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate alloc 7 Yes No	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV Identification of Related Organizations Taxable as (A) (B) Purpary activity	ions Taxable as	a Corporation or Trust (C) Legal domicile Direct	r Trust (D) Direct controlling	(E) Type of entity	(F)	(G) Share of	(H)	tage
Name, address, and Eilv of related organization		(state or foreign country)	entity	O corp. S corp.		end-of-year assets		di di

59-3496645

Page 3

Yes

a 5

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HMAN-ACT

Schedule R (Form 990) 2008 STEWART-MARCHMAN-ACT

Part V Transactions With Related Organizations

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or 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)

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- 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)

	(0)	Amount involved	
ansaction thresholds	(8)	Transaction	type (a-r)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tr	(A)	Name of other organization(s)	

(1)	SMA BEHAVIORAL HEALTH SVCS., INC.	Ą	191,100
(2)	SMA BEHAVIORAL HEALTH SVCS., INC.	ធ	812,734
(3)	SMA BEHAVIORAL HEALTH SVCS., INC.	0	113,591
(4)			
(5)			

Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 STEWART-MARCHMAN-ACT

Unrelated Organizations Taxable as a Partnership Part VI 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

Schedule R (Form 990) 2008 Yes No тападіпд General or partner? amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (F)
Disproportonate
allocations? ž Yes (E) Share of end-of-year assets (D)
Are all partners section 501(c)(3) organizations? Yes No (C) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

- 000	1		Specia	al Even	ts Schedu	le			2000
Form 990	F	or calendar year 2008, or t	ax vear beginnii	na	7/01/0	8 . and	d ending 6	30/09	2008
me ·	-					,			ntification Numb
STEWART-M FOUNDATION		MAN-ACT NC.						59-3496	5645
		(A)	(B)		(C)		Others		Total
Gross receipts		109,516		0		<u> </u>		0	109,5
Less contributions	·	0		0	· · · ·	0	<u></u>	0	
Gross revenue		109,516		0		0	<u></u>	0	109,5
Less direct exper	ses	24,103		0		0		<u> </u>	24,1
Net income (loss)		85,413		<u> </u>					85,4
Description (A)	ı	SPECIAL EVEN	TS						
(B)	1								
(C))								
	ners								
Oti	iers								
			. . –						
				·					

1917:	2 03/06/2010 12 22 PM						
	rms	Mor	tgages and Oth	er Notes Payable			
99	90 / 990-PF	For calendar year 2008, (or tax vear beginning	7/01/08 , and ending	6/	30/09	2008
Name	e `	200,	or tax your bogirming	, and arrang		Employer Identifi	cation Number
	TEWART-MARCHM					50 04066	45
<u>F(</u>	OUNDATION, IN	С.			L	<u>59-34966</u>	45
F	ORM 990, PART	X, LINE 23 -	ADDITIONAL	INFORMATION			
							
	STEWART MARC	Name of lender	INC.	Relationshi	ip to disqu	alified person	
(1) (2)	WACHOVIA BAN		INC.				
(3)	WACHOVIA BAN						
(4)	STEWART MARC	HMAN CENTER,	INC.				
(5)		ENERAL PURPOS	E LOAN				
(6)	ANB LEASING	/ RBC BANK			-		
<u>(7)</u>				 			
(8) (9)		···					
(10)							
	Original amount	Data of lane	Matunty	Da- 2:			Interest
(1)	borrowed 88,074	Date of loan 4 11/14/03	date 1/14/19	MONTHLY PMTS O		39	0.000
(2)	300,960		12/28/18		•	& PMT.	7.320
(3)	194,600		2/28/20	MONTHLY PMTS O			6.980
(4)	925,000		7/29/10	MONTHLY PMTS O		,806	6.000
<u>(5)</u>	851,91		9/30/09	LINE OF CREDIT		MTS VARY	0.000
(6)		9/30/09	7/01/13	INT. ACCRUES W	HILE	CIP	4.960
<u>(7)</u>						· · · · · · · · · · · · · · · · · · ·	
(8) (9)							-
(10)					. ,		
	Secu	urity provided by borrower		Pu	rpose of	loan	
(1)		ING - DEBARY		MORTGAGE			
(2)		ING - DEBARY		MORTGAGE			
(3)	LAND & BUILD		NOD	MORTGAGE			
<u>(4)</u>	NONE	ING - RIDGEWO	עטט	MORTGAGE BRIDGE LOAN			
(5) (6)		IN PROCESS -	- FLAGLER	CONSTRUCTION IN	PROC	CESS	
(7)							
(8)							
(9)							
(10)		····		<u> </u>			
				Balance due at		Dala-	ce due at
	Considerat	tion furnished by lender		beginning of year			of year
(1)	-			61,652			55,781
(2)			······································	234,302			209,929
(3) (4)				167,786 803,672			157,574 756,953
(5)				458,475	-+		,
(6)				60,703		3,	711,354
(7)							

4,891,591

1,786,590

(8) (9) (10) Totals (Rev April 2009)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.

If you are f	ling for an Automatic 3-Month Extension, complete only Part I and check this box iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o	n page 2 of this form).
Part I	elete Part II unless you have already been granted an automatic 3-month extension on a part of the Part II unless you have already been granted an automatic 3-month extension of Time. Only submit original (no copies need	reviously filed Form 8868 ded).
A corporatio Part I only .	n required to file Form 990-T and requesting an automatic 6-month extension—checonomic forms (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7	ck this box and complete
time to file in	come tax returns.	·
one of the re electronically returns, or a	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autoriums noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file forms.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	STEWART-MARCHMAN FOUNDATION, INC.	59-3496645
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions	
filing your return See	1220 WILLIS AVENUE	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTONA BEACH, FL 32114	
Check type	of return to be filed (file a separate application for each return):	
X Form 990		Form 4720
Form 990		Form 5227
Form 990		Form 6069
Form 990		Form 8870
Telephone If the organ If this is for	No. ▶ FAX No. ▶	
until <u>F</u> for the ▶ □	est an automatic 3-month (6 months for a corporation required to file Form EBRUARY 15 , 20 10 , to file the exempt organization return for the organization return for: calendar year 20 or ax year beginning JULY 1, 20 08 , and ending JUNE 30	
2 If this to	ax year is for less than 12 months, check reason: Initial return Final return [Change in accounting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	3a \$ 0.
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated talts made. Include any prior year overpayment allowed as a credit.	x 3b \$
deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions.	3c \$
Caution. If y for payment in	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 849 netructions.	
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

WK9 P FDN13Q-001 2

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Form 8868 (Re	ev 4-2009)		Page 2		
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ar				
	complete Part II if you have already been granted an automatic 3-month extension on a profiling for an Automatic 3 Month Extension, complete only Bort I (an page 1)	reviously filed For	m 8868.		
Part II	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (r	o conios needo	4/		
	Name of Exempt Organization	Employer identification number			
Type or print	STEWART-MARCHMAN FOUNDATION, INC.	59-3496645			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only			
extended due date for	1220 WILLIS AVENUE	,			
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
return See instructions	DAYTONA BEACH FL 32114				
Check typ	e of return to be filed (File a separate application for each return):				
X Form 9	990 Form 990-PF Form 1041-A	Form	6069		
Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Form	8870		
Form 9					
STOPI Do n	ot complete Part II if you were not already granted an automatic 3-month extension on a previ	ously filed Form 88	368.		
	oks are in the care of				
	ne No. ▶ FAX No.▶				
	ganization does not have an office or place of business in the United States, check this b	ox			
If this is	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If this is		
for the who	le group, check this box ▶	⊳ an	d attach a		
list with the	names and EINs of all members the extension is for.				
4 I req	uest an additional 3-month extension of time until 5/15/2010				
	calendar year, or other tax year beginning7/1/2008 , and				
	s tax year is for less than 12 months, check reason. Initial return Final return				
7 State in detail why you need the extension More time is requested to acquire all information needed to complete					
and	file an accurate return.				
	11 4 1 6 F 200 DI 200 DE 200 T 4720 as 6060 autorito torrettivo tov		<u> </u>		
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	8a	\$		
less	any nonrefundable credits. See instructions.				
D IT IN	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any				
	amount paid previously with Form 8868.				
	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit w	/ith	\$		
FTD	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0		
	Signature and Verification				
Under penalti	es of penury, I declare that I have examined this form, including accompanying schedules and statements, and to the ect, and complete, and that Lam authorized to prepare this form	best of my knowledge a	and belief,		
	() In Clark Title CPA	Date ▶	2/8/10		
Signature ►	John Janes III		8868 (Rev 4-2009)		