

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



DLN: 93493134039480

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

nternal I	Revenue	Service	F THE OI	gamization may have to use a	copy of this return to satisfy s	state reporting	requirements	Inspection
A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01	L-2008 and ending 06-30-200	9	D Employer ide	ntification number
_		pplicable	Please	C Name of organization Shangri-La Corporation				
Add	Iress ch	ange	use IRS label or	Doing Business As			93-0509414 E Telephone nu	
Nar	ne char	nge	print or type. See	Some Sacriticas (18				
Init	ıal retur	rn	Specific Instruc-		ıf maıl ıs not delivered to street addre	ess) Room/suite	(503) 581-1 G Gross receipt	
Ten	mınatıo	n	tions.	4080 Reed Road SE No 150			d dross receipt	5 \$ 10,707,304
- Am	ended r	return		City or town, state or country, a	nd ZIP + 4			
— Арр	lication	pending		Salem, OR 97302				
			F Nan	ne and address of Principal O	fficer	W/5\ T- +b-		£
			Jan Kra	il .	THE CT	affilia	s a group return tes?	Tor
				Reed Road SE No 150 OR 97302				
r Tax	x-exem	pt status) (3) ◀ (insert no)	(1) or 527	1 ' '	l affiliates include	·
		<u> </u>				7 ~	o," attach a list p Exemption Nur	See instructions)
W	eb site	e: F- wwv	w shangrila	corp org/www shangrilacorp r	iet	H(c) Grou	p Exemption Nul	ilbei F
(Type	e of ora	anızatıon	Corporat	ion trust association other	r I	L Year of Fo	rmation 1964 M :	State of legal domicile OR
/ [-						1		
Par	rt I	Sumi	marv					
	_			e organization's mission or m	ost significant activities			
ų					ısabled and dısadvantaged ınd	ıvıduals		
≟								
sovemance								
5	2	Check t	his box 🗀	ıf the organization discontinu	ed its operations or disposed o	of more than 2	5% of its assets	
	3	Number	of voting r	members of the governing boo	ly (Part VI, line 1a)		3 _	5
o n	4	Number	ofindepen	ndent voting members of the g	overning body (Part VI, line 1	b)	. 4 _	5
<u> </u>	5	Total nu	umber of en	nployees (Part V , line 2a) .			5 _	613
Acuviues &	6	Total nu	umber of vo	olunteers (estimate if necessa	ary)		6 _	25
Ť	7a	Total gr	oss unrela	ted business revenue from Pa	art VIII, line 12, column (C)		7a _	0
	ь	Net unr	elated busi	ness taxable income from Fo	rm 990-T, line 34		7b	0
						Prio	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)			187,205	240,566
Revenue	9	Progra	m service	revenue (Part VIII, line 2g)			13,758,174	16,030,574
ĕ	10	Invest	ment incor	me (Part VIII, column (A), lın	es 3, 4, and 7d)		57,154	11,776
Ť	11	Other	revenue (P	art VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		1,652,987	329,073
	12		evenue—a	dd lines 8 through 11 (must e	equal Part VIII, column (A), lın	e	15 655 530	16 611 000
		12)			(4) 1 (4)		15,655,520	16,611,989
	13			ar amounts paid (Part IX, colu				0
	14		•	or for members (Part IX, colur	` '' '	_		0
82	15	Salarie 10)	es, other co	ompensation, employee benef	its (Part IX, column (A), lines	5-	10,972,533	11,789,157
Expenses	16a	,	sional fund	raising fees (Part IX, column	(A), line 11e)		-	0
¥ €	ь			penses, Part IX, column (D), line 25				
Ш	17	•	_	(Part IX, column (A), lines 11	·		4,881,970	4,780,777
	18				Part IX, line 25, column (A))		15,854,503	16,569,934
	19			penses Subtract line 18 from			-198,983	42,055
8 4				The state of the s		Beginni	ng of Year	End of Year
9 eg	20	Total -	assate (Da	rt X, line 16)			10,881,835	11,915,265
net Assets or Fund Balances	21			Part X, line 26)			8,748,255	9,870,472
G 65			•	, ,	from line 20		· · ·	
	22			d balances Subtract line 21	Irom line 20		2,133,580	2,044,793
Pelli	t II		ature Blo		ed this return, including accompanying	ı schedules and s	tatements and to the	ne hest of my knowledge
					of preparer (other than officer) is base			
Plea		****					-04-30	
Sign Here		Signa	ature of office	er		Date		
ie i e	=		t Cantonwine					
		Type	or print nam	ne and title	· ·			
		Preparer'		M Ankonov CDA		Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	D Joylyn	M Ankeney CPA		seir- empolyed 🕨 🦵		
² repa	arer's		ame (or your	s 🗽 AKT LLP		•	ETN. N	
Jse (Only		nployed), and ZIP + 4	5665 SW Meadows Rd Suite 20	00		EIN 🕨	
			<u></u> 1 T				Phone no 🕨 (50)3) 620-4489
		I		Lake Oswego, OR 970353115	•		`	

May the IRS discuss this return with the preparer shown above? (See instructions) . .

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

1	Briefly describe the organization's mission			
	Shangri-La provides long and short-term housing, sup and to adults with barriers to self-sufficiency	pports and employment training to adults with	disabilities, primarily development disa	ibilities and mental illness,
2	Did the organization undertake any signific the prior Form 990 or 990-EZ?	cant program services during the year	which were not listed on	Yes ✓ No
	If "Yes," describe these new services on S	chedule O		
3	Did the organization cease conducting or n services?			Yes 🔽 No
4	Describe the exempt purpose achievement Section 501(c)(3) and (4) organizations are others, the total expenses, and revenue, if	ts for each of the organization's three nd 4947(a)(1) trusts are required to re	eport the amount of grants and	penses allocations to
4a	(Code) (Expenses \$ HOUSING SUPPORT AND SERVICES FOR APPROXIM HOMES AND SUPPORTED LIVING arrangements in S housing to 30-40 tenants who are elderly, disabled	Salem, South Beach, Toledo, Jefferson, Albany	, Corvallis, Eugene and Florence, Oreg	
4b	(Code) (Expenses \$ Employment training and alternatives-to-employm workshops in Salem, Newport and Florence, Orego) (Revenue \$ verely disabled adults in small busines	2,813,157) s settings and sheltered
4c	(Code) (Expenses \$ Work and life skills training to adults receiving Tem through Department of Human Services Shangri-L toward employment and self sufficiency			
	(Code) (Expenses \$	244,674 including grants of \$) (Revenue \$	282,771)
4d	, ,	hedule O) ·luding grants of \$) (Revenue \$)
4e	• Total program service expenses \$	13,931,408 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		N o
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
22	Did the organization report more than $$5,000$ on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmitta	.				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	26			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?	i .		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		613			
h	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ti			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more dur return?	ing the	year covered by this	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities account)?	_	·	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Financial Accounts</i> .	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	etax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Enti	ty Regarding Prohibited	F-		
6a	Tax Shelter Transaction?			5c 6a		N o
	If "Yes," did the organization include with every solicitation an express statement			Va		NO
	were not tax deductible?		· · · · · ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to			
	file Form 8282?			7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to poenefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per		enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	18899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	Form 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

ароис	poncies not rec	quii eu v	y the litternal kevenue wue.,	<i>'</i>
Section A. Gov	erning Body ar	nd Manad	gement	

		res	NO
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Enter the number of voting members of the governing body 1a 5			
Enter the number of voting members that are independent 1b 5			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νο
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? \cdot .	4		Νο
Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
Does the organization have members or stockholders?	6		Νo
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
the governing body?	8a	Yes	
each committee with authority to act on behalf of the governing body?	8b	Yes	
Does the organization have local chapters, branches, or affiliates?	9a		Νo
If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο
	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body

Section B. Policies

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

Section C. Disclosure

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

own website another's website upon request

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

HELEN HONEY FInancial DIRECTOR 4080 REED ROAD SE 150

SALEM,OR 97302

(503) 581-1732

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

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

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

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

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

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

,	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
SCOTT CANTONWINE , PRESIDENT	2 00	Х		Х				0	0	0
LARRY DECKMAN, SECRETARY	2 00	Х		Х				0	0	0
ROSS STOUT , VICE PRESIDENT	2 00	Х		Х				0	0	0
LOWELL HERR, TREASUREr	2 00	Х		Х				0	0	0
NICOLE TITUS , MEMBER	2 00	Х						0	0	0
Howard Nice , Emeritus MEMBER	2 00	X						0	0	0
Pauline Camerer , MEMBER	2 00	Χ						0	0	0
Cheryl Clark , Member	2 00	Х						0	0	0
janice kral , executive director	55 00			Х				113,636	0	10,091
helen honey , CFO	45 00			Х				69,293	0	4,710

Continued

			(tion that a					(2)	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total			•		<u> </u>	<u>. </u>	 	182,929	0	14,801

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►1

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including those in 1) who received mor	e than \$100,000 in compensation	

Form 990 (2008)

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revende		312, 313, 01 314
\$ \$	ь	Membership dues					
ᅙᆖ		1b					
S, Ç	С	Fundraising events					
<u>#</u>	d	Related organizations1d					
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions) 1e	195,218				
	f	All other contributions, gifts, grants, and similar amounts not included above	45,348				
antrib A offi	g	1f Noncash contributions included in					
ပြွန်	h	Ines 1a-1f \$ Total (Add lines 1a-1f)	<u>.</u>	240,566			
		Bus	ıness Code				
Ele	2a	On-going and trans hsg	900,099	11,730,396	11,730,396		
Wer	ь	on-going employment	900,099	2,813,157	2,813,157		
<u>2</u> 2€	С	transitional employmen	900,099	1,204,250	1,204,250		
Š	d	Corrections Education	900,099	282,771	282,771		
ð.	e		,	,			
Program Serwce Revenue	f	All other program service revenue					
Ā	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends	, interest				
		other similar amounts)		11,776			11,776
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		·	Personal				
	6a	Gross Rents 181,707					
	ь	Less rental 155,315					
	c	expenses Rental income 26,392					
	d	or (loss) Net rental income or (loss)		26,392	26,392		
		(ı) Securities (ı) O ther				
	7a	Gross amount from sales of assets other	i) o thei				
	ь	than inventory Less cost or other basis and					
		sales expenses					
	c d	Gain or (loss) Net gain or (loss)					
	8a	Gross income from fundraising events (not including	▶				
ше		\$of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Œ		\$15,000					
Othe	b c	Less direct expensesb Net income or (loss) from fundraising ev	ents				
•	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming activi	ties Þ -				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	с	Net income or (loss) from sales of inven	tory►				
		Miscellaneous Revenue Bus	iness Code				
	11a	MISC REVENUE	900,099	302,681	302,681		
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			\$ 302,681	46.644.000	16 350 64		44
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5 8c, 9c, 10c, and 11e	, 6 d, 7 d, ►	16,611,989	16,359,647	0	11,776

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		- CAPSINESS	30	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	197,730		197,730	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,365,556	8,452,111		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,150,746	966,652	184,094	
10	Payroll taxes	1,075,125	926,267	148,858	
11	Fees for services (non-employees)				
а	Management				
b	Legal	24,471		24,471	
c	Accounting	38,200	4,950	33,250	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	407,725	221,152	186,573	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,323,531	1,187,002	136,529	
17	Travel	122,340	38,673	83,667	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	75,152	7,973	67,179	
20	Interest	394,128	260,183	133,945	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	551,112	436,494	114,618	
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)				
а	Supplies & Materials	717,937	495,460	222,477	
ь	Repairs & Maintenance	496,704	459,604	37,100	
c	Transportation	299,087	263,881	35,206	
d	Communication	212,558	136,205	76,353	
e	Bad Debts	39,029	39,029		
f	All other expenses	78,803	35,772	43,031	
25	Total functional expenses. Add lines 1 through 24f	16,569,934	13,931,408	2,638,526	0
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	22,230,631	,- 22,1.00	_,,	<u> </u>

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			394,121	1	Liid Oi	496,746
	2	Savings and temporary cash investments	•			2		,.
	3	Pledges and grants receivable, net	•			3		
	4	Accounts receivable, net	• •		821,708	-		988,256
	5	Receivables from current and former officers, directors, trustees	· ·	mployees or	021,700	 		000,200
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•		5			
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			79,811	8		115,755
\$	9	Prepaid expenses and deferred charges			54,314	9		172,063
Assets	10a	Land, buildings, and equipment cost basis	المدا	14 127 426				
⋖	_		10a	14,137,426				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	4,625,007	8,796,646	10c		9,512,419
	11	Investments—publicly traded securities			735,235	11		630,026
	12	Investments—other securities See Part IV, line 11 $\it Complete Person}$ Schedule D	of		12			
	13	Investments—program-related See Part IV, line 11 Complete P of Schedule D .			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,881,835	16	1	1,915,265
	17	Accounts payable and accrued expenses .			800,315			1,118,643
	18	Grants payable		18				
	19	Deferred revenue	244,540			215,246		
	20	Tax-exempt bond liabilities	'	20		<u> </u>		
o^ on	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
्ट्		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		•	7,703,400	-		8,536,083
	24	Unsecured notes and loans payable	•		.,,,,,,,,	24		500
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25		8,748,255			9,870,472	
	20	Organizations that follow SFAS 117, check here ► ✓ and comp	loto lin	.a. 27	0,740,233	20		0,070,472
φ		through 29, and lines 33 and 34.	nete III	les 27				
Balance	27	Unrestricted net assets			2,066,980	27		1,981,693
<u> 55</u>	28	Temporarily restricted net assets			66,600	28		63,100
<u> </u>	29	Permanently restricted net assets				29		· ·
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	lete					
ō		lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fu	0.400.500	32		2.044.700		
Net	33	Total net assets or fund balances		2,133,580	33		2,044,793	
	34	Total liabilities and net assets/fund balances			10,881,835	34	1	1,915,265
Pa	rt XI	Financial Statements and Reporting					1	
				_			Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134039480

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

2008

Open to Public
Inspection

onang	ri-La Co	orporation						93	-0509414	4	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganızatıo				
				ation because it is (Please						<u> </u>	_
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).		
2	Γ	A school de	escribed in Sect	i on 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)					
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	Γ	A medical i	esearch organı	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desc	rıbed ın
		Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		describedi	n Sect ion 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9		_		ally receives (1) more than						•	· -
		•		ated to its exempt functions	-		•	, ,	•		
			-	estment income and unrelate			•			x) from bu	sinesses
	_			on after June 30, 1975 See							
10	<u> </u>			and operated exclusively to							
11	ı			and operated exclusively fo orted organizations describe							
				type of supporting organiza						occion o	os(a)(s): elleck
		аГ⊺	ype I b	Type II c	Type III	- Function	nally Integ	rated	d	Гтуре	III - Other
e	Γ	•	- ,	rtify that the organization is			•			•	•
				agers and other than one or	more publ	icly suppo	orted orga	nizations (described	ın sectior	1509(a)(1) or
f		section 50 If the organ		d a written determination fro	m the IRS	that it is	a Type I.	Type II o	r Type III	supportir	ng organization.
		check this					,, ,	, ,	,,	• •	Ĭ Ė
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		
		following person		r indirectly controls, either a	alone or to	aether wi	th persons	describe	d in (ii)		Yes No
			•	ng body of the the supported		_	p		()	11g	
				erson described in (i) above	-					11g(
			•	ty of a person described in (bove?				11g(
h		Provide the	following inform	nation about the organizatio	ns the org	janization	supports				
			_	-	_						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9		ation in	_	nization		ation in	support?
	O rgan	ıızatıon		above or IRC section (See Instructions)	your go	listed in verning	supr) of your	In the	rganized US?	
				(000 211011 20110110))		nent?	347	, , , ,			
					Yes	No	Yes	No	Yes	No	
				i	1	1	1	1	1	1	1

Total

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

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	105,230	458,043	502,214	187,205		213,816	1,466,508
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 line 1-3	105,230	458,043	502,214	187,205		213,816	1,466,508
5	The portion of total contribution by each	,	,	,	·		· †	· · ·
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							1,466,508
T	otal Support			•			•	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	105,230	18,502	502,214	187,205		213,816	1,466,508
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	7,368	18,502	186,720	210,123		193,483	616,196
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,923	29,840	198,942	38,627		305,024	584,356
11	Total Support (Add lines 7 through 10)							2,667,060
12	Gross receipts from related activities, etc	(See instruction:	s)			12		69,461,355
13 C	First Five Years. If the Form 990 is for the conganization, check this box and stop here omputation of Public Support Perce		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		54.990 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		82.620 %
	33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. If more, and if the organization meets the "fact organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more, and if the organization meets the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007. If more is the "facts and Circumstances Test - 2007.	If the organization its and circumston ances" test The If the organization	on did not check ances" test, che e organization qu on did not check	a box on line 13 eck this box and ialifies as a pub a box on line 13	stop here. Exp licly supported 3, 16a, 16b, or	laın ın organı 17a ar	Part IV ho zation nd line 15	ow the ► Is 10% or
18	the organization meets the "facts and circu Private Foundation. If the organization did i	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	» ▶ □

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

	me of the organization			Employer iden	tification number
Sila	ingir La corporation			93-0509414	
Par		by all organizations exemple the instructions for Schedul		n 501(c) and section	527
1	-	organization's direct and indirect po		tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	To be completed for Schedule C for	by all organizations exemp	ot under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any exci	se tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any exci	n 4955	\$		
3	If the organization incurred in	r?	┌ Yes ┌ No		
4a	Was a correction made?		┌ Yes ┌ No		
ь	If "Yes," describe in Part IV				
Par		by all organizations exempns for Schedule C for details.)	ot under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly exp	pended by the filing organization for	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing 527 exempt funtion activities	organızatıon's ınternal funds contrı s	buted to other orga	nizations for section	\$
3	Total of direct and indirect ex 1120-POL, line 17b	kempt function expenditures Add Ii	nes 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receiv	and Employer Identification Numbe paid and indicate if the amount was ed and promptly and directly delive action committee (PAC) If additio	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a:	l funds or were s a separate
(a) Name		(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -
					-

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	d)				
f	Lobbying nontaxable amount Entercolumns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1	.,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c				
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 resection 4911 tax for this year?					eporting Yes No	
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	edule C (Form 990 or 990-EZ) 2008					age 3
Pa	rt II-B To be completed by organizations exempt under section 501(c)(3) that 5768 (election under section 501(h)). (See the instructions for Schedule C for			ed F	orm	
		(;	a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes				0
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes				0
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes" enter the amount of any tax incurred under section 4912					
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). (See the instructions for Schedule C for details.)	ection	501(c)(5)	, or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), s section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details	" OR if				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	a <i>l</i>				
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	cal				
_	expenditure next year?	-	4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
	Supplemental Information		_			
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a so, complete this part for any additional information	nd Part I	I-B, line	11		

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Activities	an employee of the organization spent time meeting with oregon state legislators and other government officials, meeting and organizing efforts with other dd service providers, testifying in hearings, and educating stakeholders in a successful state-wide effort by non-profit providers of dd services to improve the quality of services and wages for staff

Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134039480

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

Open to Public Inspection

Name of the organization	at ion	Employer identification number				
энанун-ца согрогацоп		93-0509414				
	cations Maintaining Donor Action answered "Yes" to Form 99	dvised Funds or Other Similar Fu 0, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1 Total number at	end of year					
2 Aggregate Contr	ibutions to (during year)					
3 Aggregate Grant	s from (during year)					
4 Aggregate value	at end of year					
		sors in writing that the assets held in done or organization's exclusive legal control?	oradvised Yes No			
_	arıtable purposes and not for the ben	donor advisors in writing that grant funds efit of the donor or donor advisor or other	may be			
Part II Conserv	vation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.			
Preservatio Protection of Preservatio	nservation easements held by the on of land for public use (e.g., recreation natural habitat nof open space	on or pleasure) Preservation of an Preservation of cei	historically importantly land area			
Complete lines 2 on the last day of	-	fied conservation contribution in the form	or a conservation easement			
			Held at the End of the Year			
a Total number of	f conservation easements		2a			
b Total acreage r	estricted by conservation easement	S	2b			
c Number of cons	ervation easements on a certified hi	storic structure included in (a)	2c			
d Number of cons	ervation easements included in (c) a	acquired after 8/17/06	2d			
3 Number of conse	ervation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during			
the taxable year	•					
4 Number of state	s where property subject to conserva	ation easement is located ►				
_	zation have a written policy regarding he conservation easements it holds?	g the periodic monitoring, inspection, viola	tions, and Yes No			
6 Staff or voluntee	r hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
7 A mount of exper	nses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$			
	ervation easement reported on line 2 and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No			
balance sheet, a		onservation easements in its revenue and the footnote to the organization's financial nents				
		ns of Art, Historical Treasures, o 'Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.			
art, historical tre	easures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	h in furtherance of public service,			
historical treasu	·	116, to report in its revenue statement a public exhibition, education, or research ir	·			
(i) Revenues ind	cluded in Form 990, Part VIII, line 1		► \$			
(ii) _{Assets Inclu}	ded in Form 990, Part X		▶ - \$			
2 If the organization	,	orical treasures, or other similar assets fo S 116 relating to these items	- 4			
a Revenues includ	ed in Form 990, Part VIII, line 1		► \$			
b Assets included	ın Form 990, Part X		► \$			

Part	1 🕸 🕸 1	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Trea</u>	sures, or (<u>Othe</u>	r Simila	r Asse	ts (co	ntınued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing tha	t are a signific	ant u	se of its co	ollection	ı	
а	Γ	Public exhibition		d	\sqcap	Loan or e	exchange prog) ra ms				
b	F :	Scholarly research		e	Γ	Other						
С		Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV											
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						answ	ered "Yes	s" to Fo	orm 99	90,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	lian or other intermed	lary	for c	ontributio	ns or other as	sets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	ete the following table	1			ı					
										A mou	nt	
С	Begi	nning balance						1c				
d	Addı	itions during the year						1d				
e	Dıst	ributions during the year						1e				
f	Endı	ng balance						1f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	∏ No
b	If "Y	es," explain the arrangement in Part XIV	1									
Pai	t V	Endowment Funds. Complete										
	_		(a)Current Year	(b)	Prior Y	rear (c	:)Two Years Back	(b)	Three Years I	Back (e	Four Ye	ars Back
1a		nning of year balance	216,076 19,000									
b		ributions	4,239									
C		stment earnings or losses	4,233									
d		ts or scholarships										
e		programs										
f	Adm	inistrative expenses										
g	End	of year balance	239,315									
2	Prov	ide the estimated percentage of the yea	r end balance held as	;								
а	Boar	d designated or quasi-endowment 🕨	100 000 %									
ь		nanent endowment										
С		n endowment 🕨										
3a		there endowment funds not in the posses	ssion of the organizat	ion t	:hat a	re held ar	nd administere	ed for	the			
	-	nization by									Yes	No
		nrelated organizations			•					3a(i)		N o
l.		elated organizations						•		3a(ii)	 	N o
ь 4		es" to 3a(II), are the related organizatio ribe in Part XIV the intended uses of th	•							3b		
	t VI						Part Y line	10				
		Description of investment	s, una Equipmen	<u></u>	(a)	Cost or oth	er (b)Cost or	other	(c) Depred	ciation	(d) Bo	ok value
1a ¹	and.				\vdash		1 47	4,502	I	+		L,474,50
	.anu Buildir							.8,141	2.5	37,468		7,080,67
		hold improvements			\vdash			5,085		31,994	•	43,09
		ment						.2,476		34,063		878,413
				•			<u> </u>	57,222		21,482		35,740
	, LIICI							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21,702		33,740

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,611,989
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,569,934
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	42,055
4	Net unrealized gains (losses) on investments	4	-130,842
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	45,288
9	Total adjustments (net) Add lines 4 - 8	9	-85,554
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-43,499
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	16,767,304
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 155,315		
e	Add lines 2a through 2d	2e	155,315
3	Subtract line 2e from line 1	3	16,611,989
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	16,611,989
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	per 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		16,856,091
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	286,157
3	Subtract line 2e from line 1	3	16,569,934
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,569,934
Pai	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV	, lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		restate Prior period investments held at FMV instead of cost 45288
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSES 155315
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 155315 Unrealized loss on investment 130842

SCHEDULE 0 (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.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number Name of the organization Shangrı-La Corporation 93-0509414

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Provide on-site education to inmates with cognitive/learning disabilities in Oregon State Correctional Institution in Salem (est 50 inmates) and Coffee Creek Women's Correctional Facility Expenses \$ 244674 including grants of \$ 0 Revenue \$ 282771

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Board members review the audited financial statements. The organizations CFO and CEO assist with the preparation of the IRS form 990 and verify that the financial results match the audited financial statements, and the Board president reviews and signs the IRS form 990. Board members have full access to IRS form 990.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members are required to annually disclose any possible conflicts. Board members, CEO, and CFO are required to immediately report any possible conflicts to each other as the conflicts arise, and a written letter of agreement between the CEO and Board is developed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation of the organizations CEO is determined by the full Board of Directors using market surveys of CEO compensations for organizations of similar size, complexity and purpose, and notes/minutes are taken during the discussion and determination. Methods used include 1) comparison of Form 990 of other organizations 2) compensation survey or study 3) approval by Board or compensation committee. The organizations CEO determines compensation for other key employees based on market surveys, availability of funds, and comparison of job demands and complexity among key employees and other positions within the organization.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organizations form 1023 and form 990 are available to the public upon written request to CFO and CEO. Once a written request is received documents are mailed to the party making the request within two weeks.