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## 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	<u>A</u> _	For th	he 2008 cale	endar		x year beginni						7-01		1,2009	•
	В	Check if		Please		organization P#1	UPSIL	ONDONIC						yer identification r	
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	T	Tax-ex	empt status:	<b>X</b> 1:	501(c) (3 )◀	(insert no.)	3 4947(a)(1)	or 527						a list. (see instructio	
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			Under penal	ties of	perjury, I deck	are that I have ex	amined this	return, includir	ng accompan	ying sche	edules and	stateme	nts, and to	the best of my kno	wiedge
			and belief,	t is tru	e, correct, and	J complete. Decis	aration of pi	reparer (other t	nan onker) is f	s Daseu C	on ear union	madon o	which pr	reparer has any kno	wiedge.
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Pa	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: RAISE FUNDS FOR AND DISTRIBUTE SCHOLAR SHIPS, FELLOWS HIPS AND ANDROLDS TO COLLEGE AND UNIVERSITY STUDENTS AND ALUMNE TO FAMILY AND CONSUMER
	UNIVERSITY STUDENTS AND ALUMNE TO FAMILY AND CONSUMER
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$58353.00 including grants of \$ ) (Revenue \$ )  SCHOLARSHIPS, FELLOWSHIPS AND ANDARDS  GRAWTED TO 74 RECIPIENTS AND 4 CHAPTERS  FOR PROFESSIONAL DEVELOPMENT PROFECTS
4b	(Code: ) (Expenses \$10177.00 including grants of \$ ) (Revenue \$ )  COMPENSATION TO FOUNDATION FAIRLOYELD  AND BENEFITS
4c	(Code: ) (Expenses \$5462, ON including grants of \$ ) (Revenue \$ )  PRINTING AND DISTRIBUTION OF STOOD BROCHURES  AND FLIERS ABOUT THE FOUNDATION'S  SCHOLARSINIAS, FELLOWSHIPS AND ANDRODS  AND DISTRIBUTIONS TO RECIPIED BOARD  AND BOARD MELTING EXPENSES. MAILINES TO  SELECTED ANDROT
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses > \$ 77 99) \( \infty \) (Must equal Part IX. Line 25, column (B).)

Pa	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	X	<del>  </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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) 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 1	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		×
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		χ
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, 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		×
b	Dld 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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		×
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 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		×
249	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		×
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a 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 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Pa	rt 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:	1		
a	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		×
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 VI	37		×

Form **990** (2008)

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	1
	U.S. Information Returns. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		[	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ө 1с		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	_	١.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$ X_{-}$	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (seinstructions)	•		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	у За		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 authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b	If "Yes," enter the name of the foreign country: ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban and Financial Accounts.	(		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ı		$\sim$
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	78		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	_  '		1
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C arequired?	3 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	ı		-
	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		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	<b>  </b>	长
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	unitiation lees and capital contributions included on Fart VIII, into 12	-		ı
b	Gross receipts, included on Form 990, Fait Vill, and 12, for public use of close receipts	┥ ╿		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members of shareholders	ㅓ ㅣ		
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 10417	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.)

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		-	
	circumstances, processes, or changes in Schedule O. See instructions.	l		1
1a	Enter the number of voting members of the governing body	1	ĺ	1
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		,	1
	any other officer, director, trustee, or key employee?	2	L	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		$X_{-}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	[ .		
	the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<del></del>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		X
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X	
Sec	tion B. Policies			
			Yes	No
199	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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 decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)		• 7	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a		<u>X_</u>
h	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 safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Nove			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s	only)	
	available for 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 inte	erest	
-	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 reco	rds of	the	
-	organization: > SUSAW RICKARDS, 309 CLEVELAND ANE #508 FAIRM	W	<u>ل بي</u>	· · · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •		<u> </u>	<u>554</u>

## 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 compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)			-	C) 			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ANN BETH PRESLEY	1			X				0	0	0
GEORGIA STEVENS VICE-CHAIR	1			X				0	0	Ó
DIANE 6 SMANNERS	1			X				0	0	0
DUANE WHITBERK	1			X				0	0	0
REBECCA TAYLOR DIRECTOR	1			X				0	0	0
COLINE CARR DIRECTOR	1			X				Ó	0	Ó
KRISTIN RICCIARDI	1			X				Ö	చ	<b>6</b>
ALEXIS HUNT DIRECTOR	1			X				0	0	0
SUSPAU RICKARNS SECT TRAPS	10			X	×	X		9117.00	35731,00	ර

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key	Emp	loy	ees	, an	d Hig	hes	t Compensate	nsated Employees (continued)				
	(A) Name and title	(B) Average	Boois	lon /	•	C)	that ap	-ahi	(ID) Reportable	(E)	-	(F)		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	C) C	Estimated amount of other ompensation from the organization and related rganizations		
									<del></del>					
				-			ļ				+			
			<u> </u>											
						`								
										· · · · · · · · · · · · · · · · · · ·				
				,										
1b	Total							<b>&gt;</b>						
2	Total number of individuals (including those organization ► C	e in 1a) wh	o rec	eive	d n	nore	than	\$10	00,000 in repo	rtable compe	nsation	from the		
	organization ► 6				—							Yes No		
3	Did the organization list any former office employee on line 1a? If "Yes," complete So	r, director o	or tru	ste ch i	e, k indi	ey vidu	emplo	уее	, or highest c	ompensated	3	X		
4	For any individual listed on line 1a, is the s the organization and related organizations g individual.	um of repo	rtable	9 CC	mp	ens	ation	and con	other compen oplete Schedul	nsation from le J for such	4	×		
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue (	 comp <i>lete S</i>	ens Sche	 satic edui	on fi le J	om a for si	any uch	unrelated orga	anization for	5	>		
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cocompensation from the organization.	mpensated	d inde	per	nde	nt c	ontra	ctor	s that received	d more than \$	100,00	0 of		
	(A) Name and business add	ress							(B) Description of se	ervices		C) ensation		
	NONF													
2	Total number of independent contractors (	including th	nose	in 1	) w	ho i	receiv	red (	more than \$10	0,000 in				

Par	t VI	II Statement of Revenue	<del></del>	T		rage c
		· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a t c c e f	A Federated campaigns	J6 6 28, 50			
Program Service Revenue	2a b c					
Progr	<del>                                     </del>	All other program service revenue .  Total. Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	69036.00	69036.00		
		. , , , , , , , , , , , , , , , , , , ,				
	ь	Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)		,		, i.
r Revenue	8a					1.
Other Rev		Less: direct expenses b Net income or (loss) from fundraising events				-
	ь	Gross income from gaming activities.  See Part IV, line 19				-
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory ▶				
	11a b c d e	All other revenue				
	12	9c, 10c, and 11e	105664.00	69036.00		

### Part IX Statement of Functional Expenses

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

	All other organizations must complete co	iumn (A) but are n	ot required to com	plete columns (B),	(C), and (D).
	o not include amounts reported on lines 6b, o, 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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	58353.00	58353.00	-	
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	9117.00	8205.00	912.00	
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	942,00	942,00		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	1800.00	1030,00	70.00	] 
11	Fees for services (non-employees):				
a	Management				<del></del>
b					
C	Accounting	1600.00		1600,00	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	Other				<u> </u>
12	Advertising and promotion ,				·
13	Office expenses	1444,00	1444.00		
14	Information technology				 
15	Royalties	<u></u>		·	
16	Occupancy				
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<del>,,,,,,</del>	<u> </u>
19	Conferences, conventions, and meetings .	1724.00	1724.00		
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.)				
а	MISC	249.00	249.50		
b	FALL MAILIAGE	2045.00	2045.00		- <del></del>
C				····	<del> </del>
d					
e					
f	All other expenses		22.80	3	
25	Total functional expenses. Add lines 1 through 24f	76574,00	73992,00	2582.00	
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 fundraising solicitation				

Pa	art X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing		1	
	2	Savings and temporary cash investments	131242,00	2	149863.00
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities	1471438.00	11	1481834.0
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	1602680.00	16	1631697.0
	17	Accounts payable and accrued expenses	107.00	17	35.00
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
<u>8</u>	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	'	22	,
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25	107,00	26	35,00
ınces		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			C 2 4 3 4-
lan	27	Unrestricted net assets	56 7612.00		588713.0
8	28	Temporarily restricted net assets	50823.00	28	51 490.0
2	29	Permanently restricted net assets	984138.00	29	991259.0
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		`	
য়	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Ž	32	Retained earnings, endowment, accumulated income, or other funds	4 - 4 - 4 - 2	32	
2	33	Total net assets or fund balances	160 2573.0	33	1631662.00
	34	Total liabilities and net assets/fund balances	160 2680.00	34	1631697.0
Pa	rt XI	Financial Statements and Reporting			
1	Acco	ounting method used to prepare the Form 990: 🔀 Cash 🛛 Accrua	I ☐ Other		Yes No
		the organization's financial statements compiled or reviewed by an ind	lependent accountant	?.	2a X
		the organization's financial statements audited by an independent acc			2b X
		es" to lines 2a or 2b, does the organization have a committee that assumes		ight c	of     v
-		udit, review, or compilation of its financial statements and selection of an in			
	As a the S	result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?	audit or audits as set		
b	If "Ye	es," did the organization undergo the required audit or audits?	<u></u>		. 3b

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Truc Employer identification number

PHI UPSILON OMICRON EDUCATIONAL FOUNDATION 45: 0314283 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/8 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b 🔲 Type II c Type III-Functionally integrated d Type III-Other a 🗌 Type I e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . Provide the following information about the organizations the organization supports. (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported in col. (i) listed in your the organization in organization in col. (described on lines 1-9 support organization above or IRC section col. (i) of your governing document? (i) organized in the U.S.? (see instructions)) support? Yes Yes Yes Nο

**Total** 

	Support Schedule for Org (Complete only if you chec	<b>janizations</b> l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(	1)(A)(vi) 
	tion A. Public Support		1 0) 000	T	T	· · · · · · · · · · · · · · · · · · ·	
Ca	alendar 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.")						
2	Tax revenues levied for the organization's benefit and either pald 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		<del> </del>	ļ		ļ	
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.		]	J		<u> </u>	<u> </u>
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	T = 1 = 1 = 1	T	····	<del></del>	T- 22-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		<del> </del>			<b></b>	<del></del>
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						
01	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			-	<u> </u>	<u> </u>	L
12	Gross receipts from related activities, etc	•				12	
3	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Superior Computation of Computation of Computation of Computation of Computation of Computation of Comput	re ,	<u> </u>	nd, third, fourth			
				1 001 (6)	<del></del>	14	%
14   E	Public support percentage for 2008 (line 6) Public support percentage from 2007 Sch	• • •	-	• • • • • • • • • • • • • • • • • • • •		15	<u> </u>
5  6a	33% % support test—2008. If the organization qualifies	zation did not d as a publicly s	check the box of supported organ	nization	line 14 is 33%	% or more, che	ck this box
b	box and stop here. The organization qua	lifies as a publi	icly supported	organization .			▶ □
17a	10%-facts-and-circumstances test — 200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circun stances" test. 1	nstances" test, The organization	check this box qualifies as a	and <b>stop here.</b> publicly suppor	Explain in Part ted organizatio	IV how the n ▶ □
b 8	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstances test organization meets the "facts-and-circumstances test—2007. If the organization did not be represented in the organization of the organiza	acts-and-circum nces" test. The	nstances" test, c organization qua	theck this box a difies as a public	and <b>stop here</b> . By supported or	Explain in Part ganization	IV how the

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	od the bex of	17 11110 0 07 1 0		<del></del>	<del></del>	
	elendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	And the second and address and and and and	1.7.2.5.	,	13, 2300		(4) 2000	1.7 . 5 . 6.
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26859,00	25 199.00	29 72500	29668,00	36628,00	147679.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59733.63	75-230.00	102728.00	116189.00	69036,00	422 916,00
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	CL CO. T	1001/100	(3.) a = 2 m)	III CONTRACTOR AND		
6	Total. Add lines 1-5	86293.00	100429,00	122053.00	145 857.00	105 664.00	570595,00
	Amounts included on lines 1, 2, and 3 received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b		// >2		1.1.5		
8	line 6.)	8659200	1001429,00	139-023.00	145857,00	105642	576595.4
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	16542.00	10 8924.00	1735027.00	147 827.00	102664.60	570595,0
108	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						
_	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	86592,00	100429.00	132053.00	145857.00	105664,00	570595.00
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth	· -		n 501(c)(3)
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin					15	100%
16	Public support percentage from 2007 S			<u>′g</u>	<u></u>	16	<u>%</u>
Sec	tion D. Computation of Investmer	it Income Pe	ercentage	<del></del>		<del></del>	
17	Investment income percentage for 200		• •	-	olumn (f)) .	17	<u> </u>
18	Investment income percentage from 20				l	18	<u> </u>
19a	331/3 % support tests — 2008. If the orga 17 is not more than 331/3 %, check this be	ox and stop he	e <b>re.</b> The organi	zation qualifies	as a publicly s	upported orga	nization 🕨 🛚
Ь	33% % support tests - 2007. If the organ line 18 is not more than 33% %, check this						
20	Private foundation. If the organization		_		•		
<del></del>	Indianalia II CIA AIMMINTOLI		1	., , , , , , , , , , , , , , , , ,		1101	

ochequie A (F	orm 990 or 990-E2) 2008 Page •
Part IV	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)

### **Supplemental Financial Statements**

OMB No. 1545-0047 Open to Public

Department of the Treesury Internal Revenue Service

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

Inspection

PH	HI UPSILOW OMICRON ED	OUCATIONAL FOUNDATI	DA 45: 0314283
Pa	organizations Maintaining Done the organization answered "Yes"		•
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			<del></del>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year L		······································
5	Did the organization inform all donors and d funds are the organization's property, subject		
6		or the benefit of the donor or donor advi	sor or other Yes . No
Pai	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held	recreation or pleasure)	on of an historically important land area on of certified historic structure
	on the last day of the tax year.		<del></del>
			Held at the End of the Year
8	Total number of conservation easements,		
b	Total acreage restricted by conservation eas	sements	2b
C	Number of conservation easements on a cer	rtified historic structure included in (a) .	
d	Number of conservation easements included	d in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the taxable year ▶	d, transferred, released, extinguished, or	terminated by the organization during
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written policy enforcement of the conservation easements	- · ·	
6	Staff or volunteer hours devoted to monitoria	· · · · · · · · · · · · · · · · · · ·	• •
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing easements du	iring the year ► \$
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation	text of the footnote to the organization	
Par	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical Treasures, o ered "Yes" to Form 990, Part IV, line 8.	r Other Similar Assets.
1a	If the organization elected, as permitted und art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote	s held for public exhibition, education, or	research in furtherance of public service
b	If the organization elected, as permitted und historical treasures, or other similar assets h provide the following amounts relating to the	eld for public exhibition, education, or re ese items:	esearch in furtherance of public service
	<ul><li>(i) Revenues included in Form 990, Part VIII</li><li>(ii) Assets included in Form 990, Part X .</li></ul>		▶ \$
2	If the organization received or held works of following amounts required to be reported u	nder SFAS 116 relating to these items:	
a	Revenues included in Form 990, Part VIII, lin		
b	Assets included in Form 990, Part X		• \$

Page	2

Schedule	n	/Form	990)	2008
SCHOULD	$\boldsymbol{\omega}$	COTT	וטפפ	

Par	t III Organizations Maintain	ing Collections of Art, H	listorio	cal Treasures,	or O	ther Similar As	sets (c	ontin	ued)
3	Using the organization's accession items (check all that apply):	and other records, check	any of	the following th	at are	a significant us	e of its	colle	ction
a	Public exhibition	d		Loan or exchan					
b	Scholarly research	е		Other					
C	Preservation for future general	tions							
4	Provide a description of the organize Part XIV.	ration's collections and exp	plain ho	ow they further t	he or	ganization's exer	mpt pui	rpose	in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maintained as p	part of t	the organization's	colle	ction?	□ Y		No
Par	Trust, Escrow and Cust Part IV, line 9, or reported				ansv	vered "Yes" to I	Form 9	90, 	
1a	Is the organization an agent, truster included on Form 990, Part X?	e, custodian or other interr	nediary	for contribution	ns or	other assets not	□ Ye	es C	] No
b	If "Yes," explain the arrangement in	Part XIV and complete th	e follov	ving table:		· · · · · · · · · · · · · · · · · · ·			
					$\vdash$	Am	ount		
C	Beginning balance				1c				
d	Additions during the year				<u>1d</u>				
е	Distributions during the year				10				
f	Ending balance				1f	<u> </u>	<u></u>		<del></del>
2a	Did the organization include an amif "Yes," explain the arrangement in		line 21	?			∐ Y	es L	No
	t V Endowment Funds. Co		DSWer	ed "Yes" to Fo	m 9	90 Part IV line	10		<del></del>
, G.	Endownion Funds. Co		or year	(c) Two years b		d) Three years back	(e) Four	vears	back
4-	Designing of year balance	16025730		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
18	Beginning of year balance	36622.00	·····		_	<del></del>			<del></del>
Đ	Contributions	69036,00							
C	Investment earnings or losses . Grants or scholarships	58353.00	<del></del>			<del></del>			
đ		9.3.5.6.6.				······································			
9	Other expenditures for facilities and programs ,	3732.00							
	Administrative expenses	14483.00							1
g	End of year balance	1631663.00	<del></del> -						
2	Provide the estimated percentage of		d as:						
а	Board designated or quasi-endown								
b	Permanent endowment ▶	<u>/</u> %							
C	Term endowment ▶ Ø9								
За	Are there endowment funds not in th	ne possession of the organization	zation t	hat are held and	admi	nistered for the			
	organization by:	,						Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		×
_	If "Yes" to 3a(ii), are the related org	anizations listed as require	ed on S	chedule R? .			3b		
4	Describe in Part XIV the intended u					40			
Par	t VI Investments—Land, Bu			<del></del>					
	Description of investment	(a) Cost or other basis (investment)		Cost or other usis (other)	(c) D	epreciation	(d) Boo	k value	<del></del>
1a	Land		ļ				<u></u>		
b	Buildings		ļ		<del></del>		<del></del>		
C	Leasehold improvements		<b> </b>						
	Equipment		ļ						
	Other		L	(no 10(c))					
Tota	l. Add lines 1a-1e. (Column (d) should e	equai rorm 990, Part X, colui	nn (B),	ипе ти(с).)	<i>:</i> :	<u> </u>			

Part VII Investments—Other Securitie	s. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	: value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	ed. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part IX Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
			····
	·		
			<del></del>
	.,, .,		· · · · · · · · · · · · · · · · · · ·
, , , , , , , , , , , , , , , , , , ,			
Total. (Column (b) should equal Form 990, Part X, co	ol. (B) line 15.)	<u>., , , , , , , , , , , , , , , , , , , </u>	
Part X Other Liabilities. See Form 990,	Part X, line 25.		<del></del>
(a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (8) line 25.)			
In Part XIV, provide the text of the footnote to the uncertain tax positions under FIN 48.	organization's financial sta	atements that reports the organization	's liability for

Schedule D (For	m 990) 2008	Page 5
Part XIV	m 990) 2008 Supplemental Information (continued)	
	***************************************	

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

45

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Phi Upsilon Omicron Educational Foundation Inc.	45	0314283
Form 990, Part VI, Section A, 11		
Ann Beth Presley, Chair, 1126 Ferndale Circle, Auburn, AL 36832		
Georgia Stevens, Vice-Chair, 4200 Neville Avenue, Lincoln, NE 68506		
Diane Smathers, Director, Associate Vice-Provost, Clemson Univ, E 301 A Martin Hall, Cle	emson,	SC 29634
Duane Whitbeck, Director, Dept. of FCS, Pittsburg State Univ., Pittsburg, KS 66762		
Rebecca Taylor, Director, Framingham State College, 100 State Street, PO Box 9101, Fran	ninghar	n, MA 01701
Corine Carr, Director, 5009 N. Weir Drive, Muncie, IN 47304		
Krsitin Ricciardi, Director, 857 Conway 110, Broadalbin, NY 12025		
Alexis Hunt, Director, 601 Canebrake Drive, Lexington, KY 40509		
Susan Rickards, Secretary/Treasurer, PO Box 329, Fairmont, WV 26555-0329		
Part VI, Section B, 12c	·**********	
Conflict of interest is reviewed by the elected officers of the Foundation.		
Part VI, Section B 15b		
The Foundation Chair and Finance Committee Chair reviews the Secretary/Treasurer's co	mpens	ation and makes
compensation recommendations to the Foundation's Board for their approval.		
Part VI, Section C,19		
Phi Upsilon Omicron Educational Foundation governing documents are on the Phi Upsilk	on Omi	icron website. Conflict of
Interest and financial statements are made available on request.		
··-		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2008

OMB No. 1545-0047

HOCK

FOUNDATION

FOUR ATTOMAL

Identification of Disregarded Entities

Part I 144

UPSILONOMICKON

rer Identification number	0314283
Emplo	45

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PHIUPSILLON OMICRON INC		BY	E(7)1QS	6	11/4
MAG					
		•			

Schedule R (Form 990) 2008

Cat. No. 50135Y

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	ļ	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes No		Yes
		ļ								
Part IV Identification of	of Related Orga	nization	s Taxable as a	Identification of Related Organizations Taxable as a Corporation or Trust	Trust					
(A) Name, address, and EiN of related organization	of related organization	_	(B) Primary activity	(C) Legal domicile (state or foreign country)	(b) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)	(F) Share of total income		(Q) Share of end-of-year assets	(H) Percentage ownership
		1								
•										
									Schedule R (Form 990) 2008	990) 2008

# Schedule R (Form 980) 2008 Part V Transactions With Related Organizations

	Sale of assets to other organization(s)  Exchange of assets from other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundratising solications for other organization(s)  Performance of services or membership or fundratising solications for other organization(s)  Sharing of facilities, equipment, mailing lists, or other assets  Sharing of paid employees  Reimbursement paid to to the organization for expenses  Reimbursement paid by other organization(s)  Other transfer of cash or property to orther organization(s)  Other transfer of cash or property to orther organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold  Travellan  Name of other organization(s)  Travellan  Name of other organization(s)  Travellan  Travellan  Name of other organization(s)  Travellan  Travelan  Travellan  Travellan  Trave	of assets to other organization(s)  and of facilities, equipment, or other assets to other organization(s)  and of facilities, equipment, or other assets from other organization(s)  and of facilities, equipment, or other assets from other organization(s)  and of facilities, equipment, or other assets from other organization(s)  and of facilities, equipment, mailing lists, or other assets  bursament paid to other organization for expenses  bursament paid to other organization for expenses  transfer of cash or properly to other organization(s)  transfer of cash or properly to other organization(s)  transfer of cash or properly from other organization(s)  transfer of cash or properly from other organization for information on who must complete this line, including covered relationships and transaction transaction transaction transfer of cash or properly from other organization(s)  And of the above is "Yes," see the including covered relationships and transaction tran	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?  a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity  b Giff, grant, or capital contribution to other organization(s)  c Giff, grant, or capital contribution from other organization(s)  d Loans or loan guarantees to or for other organization(s)  d Loans or loan guarantees the other organization(s)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Transfer of cash or property to other organization for expenses  Thursement paid by other organization for expenses  Transfer of cash or property to other organization(s)  Transfer of cash or property from other organization(s)  Name of other organization(s)  Transaction  Tra	transfer of cash or property to other organization for expenses  transfer of cash or property to other organization(s)  transfer of cash or property from other organization(s)  transfer of cash or property from other organization(s)  transfer of cash or property from other organization(s)  In the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three answers to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three answers of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three answers of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three answers of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three answers to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three answers to any of the above is "Yes," see the instructions for information on who must complete this line, including the property of the above is "Yes," see the instruction of the	illities, equipment, or other assets from other organization(s)	× × × × × × × × × × × × × × × × × × ×
other assets from other organization(s)	r transfer of cash or property to other organization(s)  If   X   X   X   X   X   X   X   X   X	r transfer of cash or property to other organization(s)  r transfer of cash or property from other organization(s)  r transfer of cash or property from other organization(s)  r transfer of cash or property from other organization(s)  Amount in transaction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three (s)  Amount in transaction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three (s)  Amount in the (a-r)  A S D O C O C O C O C O C O C O C O C O C O	nent paid to other organization for expenses	to to to X
tations for other organization(s)	Transaction type (a-1)  W SD OTO &	Transaction type (a-1)  W SD OTTO E	er of cash or property to other organization(s) er of cash or property from other organization(s) in to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships ar	19 X 1r X transaction thresholds.
se of facilities, equipment, or other assets from other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  fring of services or membership or fundraising solicitations by other organization for expenses  fring of paid employees  fring organization for expenses  fring organization fring employees  fring organization fring employe	0 0	0,6		(C) Amount involved
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## Part VI Unrelat

# Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

of gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding excl	usion for certain in	/estmen	partners	ips.	ļ				
3	<b>(a)</b>		0			<u>e</u>	_	<b></b>	_	E
Name, address, and EIN of entity	Primary activity	Legai domicile (state or foreign	Are all par		Share of end-of-year	Osproportionate altocations?		Code V—UBI amount in box 20	98 E	General or managing
			501(c)(3) organizations?					of Schedule K-1 (Form 1065)	Pag.	mer?
			Yes	No		Yes	Š		Yes	ş
		†   								
				-						
							{			

Schedule R (Form 990) 2008