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## **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

2008

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

		The england many mane to account to dealery dealer repe	g . oqui, o			
	For th	ne 2008 calendar year, or tax year beginning $10/01$ , 2008, and endi	ng 9/	30		, 2009
В	Check it	f applicable		D Employ	er idei	ntification Number
	Ad	Idress change   Please use   YELLOW BARN, INC.		03-	022	8985
	□ <sub>Na</sub>	mme change or print 63 MAIN STREET		E Teleph		
	$\vdash$	See PUTNEY, VT 05346		I .		387-6637
	$\vdash$	Instruc- rmination tions.		<del> </del>	<u> </u>	
	-			ء ما		s 1,047,912.
	$\vdash$	plication pending F Name and address of principal officer CATHERINE STEPHAN	M/a) Is this	a group retu		
	Ц Ар			a group retui		<b>⊨</b>   ··· <b>  =</b>   ···
		SAME AS C ABOVE		' attach a list		nstructions) Yes No
<u>!                                    </u>		-exempt status   X   501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527	-			_
<u></u>		osite: NWW.YELLOWBARN.ORG		exemption n		
K		of organization X Corporation Trust Association Other ► L Year of Form	ation 196	9 M	State of	f legal domicile VT
I a	rt I	Summary				
		Briefly describe the organization's mission or most significant activities ORGANIZA		' <u>HAT</u> PR	<u>OMO</u>	TES_AND
õ	-	<u> ENCOURAGES_THE_EDUCATION_OF_YOUNG_MUSICIANS_AND_AUDIE</u>	NCES			
Activities & Governance	-					<b></b> _
Š		Obsert the base S T (the same text)				
Ô		Check this box   if the organization discontinued its operations or disposed of m	ore than 2	25% of its		
ಠ		Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1b)			4	1:
ties		Total number of employees (Part V, line 2a)			5	1
₹		Total number of volunteers (estimate if necessary)			6	4:
Ac		Total gross unrelated business revenue from Part VIII, line 12, column (C)			7a	
		Net unrelated business taxable income from Form 990-T, line 34			7 b	
_				mine Vane	,,,,	
	8	Contributions and grants (Part VIII, line 1h)	<u>-</u>	990,0	16	Current Year
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)				898,339.
/en		Investment income (Part VIII, column (A), lines 3, 4, and 7d).		160,2		144,195.
è			-	12,6		4,732.
Ì		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,8		646.
$\dashv$		Total revenue — add lines 8 through 11 (mbst equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part/IX, column (A), lines 1-3)	<u> </u>	.,164,8	43.	1,047,912.
			-			
	14	Benefits paid to or for members (Part X, column (A), line 4)		169,6		0.65 4.50
8		Salaries, other compensation, employee benefits (Part/18/10column (A), lines 5-10)		267,159.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	, , , , , , , , , , , , , , , , , , , ,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ă	Ь	Total fundraising expenses (Part X, column (D) Hing 25) 84, 459.				
ш (	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		488,0	66.	519,263.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		657,6		786,422.
		Revenue less expenses. Subtract line 18 from line 12		507,1		261,490.
58	<u> </u>		Pas!			
ate or	20	Total assets (Part X, line 16)		ning of Y		End of Year
Ba		Total liabilities (Part X, line 26)	<del>-</del>	465,1		1,630,277.
Net P			<u> </u>			494,212.
<u>"</u>	22   rt*  *	Net assets or fund balances Subtract line 21 from line 20		872,1	80.	1,136,065.
Pa	rt II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stature, correct, and complete Declaration of preparer (other than officer) is based on all information of which prep	tements, and	to the best o	f my kn	owledge and belief, it is
		1/C450		/ 1	9	
Sig		w Circ / Ca		V 4	110	b
Hei	re	Signature of officer	Da	te I	ı	
		CATHERINE STEPHAN	MANAC	SING DI	REC	TOR
		Type or print name and title				
	_	Date		neck if	P	reparer's identifying number see instructions)
Pai		Preparer's 6/2-1/		lf- nployed	<b> </b>	····
?re	_	signature TIMOTHY C. FØGG, CPA			- <sub>N</sub>	I/A
	er's	Firm's name (or PIECIAK & COMPANY, P.C.			1.5	
Us On		yours if self- employed), PO BOX 797	EI	N <b>&gt;</b> N	/A	
<b>ا</b> ات	y	address, and ZIP + 4 BRATTLEBORO, VT 05302-0797			(80	2) 257-1307
121	the I	RS discuss this return with the preparer shown above? (see instructions)	Į Pr	IONE NO	100	X Yes No
IVIGV	THE IL	to diacuss this return with the preparet shown above, (See INSTRUCTIONS)				IAI TAS I NA

	990 (2008) YELLOW BARN, INC.	03-0	22898:		!	age 2
<u>Par</u>	t III Statement of Program Service Accomplishments (see instructions)					
7	Briefly describe the organization's mission.  ORGANIZATION THAT PROMOTES AND ENCOURAGES THE EDUCATION OF YOUNG AUDIENCES.		<u>ANS AN</u>	<u>D</u>		 
			- <i>-</i>	<b></b> -		<del>-</del>
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?  If 'Yes,' describe these new services on Schedule O.	·		Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	vices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		ses Sect	tion 5	01(c)(	(3)
	expenses, and revenue, if any, for each program service reported.					<u>-</u>
4a	(Code) (Expenses \$ 524,766. including grants of \$) (MUSIC_SCHOOL, RESIDENCIES, AND CONCERTS					
				- <del>-</del> -		<del>-</del>
		<b>-</b> -			<del>-</del>	
		<del></del> _				<del>-</del>
		<del></del> -	- <b>-</b>			
					<b>-</b> –	
					- <b></b>	
		<del></del>	<b>-</b> -		<b>-</b> -	- <b></b>
					- <del></del>	
4b	(Code) (Expenses \$ including grants of \$) (	Revenue	\$			)
		<b></b>	<b></b>	 		
		<b>-</b>		- <b>-</b> -		
			<b>-</b> -		- <b>-</b>	
		- <del></del> -	<del>-</del>	<del>-</del>		
						<del>-</del>
Ac	(Code) (Expenses \$ including grants of \$) (Figure 1.5)	2evenue	Ś			
	(Code) (Expenses + meaning grants of +) (		*			/ 
						- <b>-</b> -
			<b></b>			
				<del>-</del>		
			<b></b>	 	- <b>-</b> -	
			<del>-</del>		<b>-</b>	
	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses > \$ 524.766 (Must equal Part IX Line 25 column (F)	?))			)	

Form 990 (2008). YELLOW BARN, INC.

Part IV. | Checklist of Required Schedules

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		_ <del></del>
	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		_
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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	х	
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	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
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		Х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		_ <u>X</u> _
	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
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II  Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	21 22		$\frac{\Lambda}{X}$
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete			
	Schedule J .	23	-	<u>X</u> _
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</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		<u> </u>
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		Х

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Form 990 (2008). YELLOW BARN, INC.

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			
	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			- 17
	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		<u>x</u>
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^2$ If 'Yes,' complete Schedule R, Part V, line 2	35		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
3 A /		Form	aan /	2008

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Form **990** (2008)

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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 U.S. Information Returns. Enter -0- if not applicable. 1 a 41 0 1 b 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 X (gambling) winnings to prize winners? 10 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X За this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If 'Yes,' enter the name of the foreign country: **>** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5Ы Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? X 6a 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a 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 Х Form 8282? 7с 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х 7e benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? X h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter. a 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 a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ). 11<sub>b</sub> 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

Form 990 (2008) YELLOW BARN, INC.

O3-0228985

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

Sec	tion A.	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, is, or changes in Schedule O. See instructions	describe the circumstances,		Yes	No
1 a	Enter the	number of voting members of the governing body	1a19			
t	Enter the	number of voting members that are independent .	1b 19			
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2_		X
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other persi	under the direct supervision on?	3		<u>x</u>
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		X
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5		Х
6		organization have members or stockholders?		6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or ig body?	more members of the	7a		Х
Ŀ	Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ving	ertaken during the year by			
a	The gove	rning body?		8a	Χ	
Ł	Each cor	nmittee with authority to act on behalf of the governing body?		8b	<u>X</u>	
9 a	Does the	organization have local chapters, branches, or affiliates?		9a		_X_
t	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9ь		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	d? All organizations must EE SCHEDULE O	10	х	
11	Is there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		X
Sec	tion B.	Policies				
			1		Yes	No
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13.		12a	Х	
	to conflic			12b	х	
C	: Does the <i>Schedule</i>	organization regularly and consistently monitor and enforce compliance with the position of the compliance with the co	olicy? If 'Yes,' describe in	12c	х	
		organization have a written whistleblower policy?	•	13		<u>X</u>
		organization have a written document retention and destruction policy? .		14		<u>X</u>
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision:			
	_	nization's CEO, Executive Director, or top management official? .		15 a		<u>X</u>
t		icers of key employees of the organization?		15 b		<u> </u>
		the process in Schedule O (see instructions)				
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X
t	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation I the organization's exempt	16b		4
Sec	tion C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed $ ightharpoonup N/A$				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	/aılabi	e for p	oublic
	Own	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docurats available to the public.	ments, conflict of interest poli	cy, ar	id fina	incial
		name, physical address, and telephone number of the person who possesses the transfer name, physical address, and telephone number of the person who possesses the transfer name is named to provide the person who possesses the transfer named is named to provide the person who possesses the transfer named is named in provide the person who possesses the transfer named is named in provide the person who possesses the transfer named is named in provide the person who possesses the transfer named in provide the person who possesses the transfer named in provide the person who possesses the transfer named in provide the person who possesses the person in provide the person who possesses the person named in provide the person who possesses the person named in provide the person named in person named in provide the person named in per		anızatı	on:	
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Form 990 (2008)

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## 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) or 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.

X Check this box if the organization did no	ot comper	sate a	any (	offic	er, e	directo	or, tr	ustee, or key employe	ее.	
(A)	(B)		(c)					(D)	(E)	(F)
Name and Title	Average hours		ition (	checl	k all t	hat app	ly)	Reportable compensation from	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ANN GOODFELLOW										
TRUSTEE	0	Х						0.	0.	0.
ALAN KAY										
TRUSTEE	0	X						0.	0.	0.
BONNIE HAMPTON	Ţ									
TRUSTEE	0	X						0.	0.	0.
VICTORIA ROTH	_									
PRESIDENT	1	X		X			_	0.	0.	0.
JOHN LEPPMAN	_									
SECRETARY	1	X		Х				0.	0.	0.
SALLY RUBIN	_									
TREASURER	1	X	<u> </u>	X				0.	0.	0.
ANN MACDONALD	1									
TRUSTEE	0	X					<u> </u>	0.	0.	0.
NICHOLAS MANN	1									
TRUSTEE	0	Х						0.	0.	0.
BOB DIONNE	_						ŀ			
TRUSTEE	0	Х						0.	0.	0.
ROGER_TAPPING_										
TRUSTEE	0	X						0.	0.	0.
MICHAEL KANNEN	_									
TRUSTEE	0	X			<u> </u>		_	0.	0.	0.
IAN KOZAK	_				ŀ		ŀ			
TRUSTEE	0	_X_			<u> </u>			0.	0.	0.
MARY LOUISE MONTGOMERY								_		
VICE PRESIDENT	1	X		<u>X</u>	<u> </u>		ļ	0.	0.	0.
SHIRLEY BLANCHARD	<b>.</b>							_	_	_
TRUSTEE	0	Х	ļ	_	ļ		<u> </u>	0.	0.	0.
LESLIE SHATZ	4	١								_
TRUSTEE	0	X					<u> </u>	0.	0.	0.
JAMES_MITCHELL	1	l						_	_	-
TRUSTEE	0	X	<b>—</b>	_	_		_	0.	0.	0.
GENNIFER SUSSMAN	<b>↓</b>	,,								_
TRUSTEE	0	X						0.	0.	<u> </u>

TEEA0107L 04/24/09

Part VII Section A. Officers, Directors, Trus (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week			(check Officer	,	Mighest compensated	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of othe compensation from the organization and related organizations
MARYLEN STERNWEILER	0_	х				8.		0.	0.	,
RICA WISE RUSTEE	0	Х						0.	_0.	
1b Total  2 Total number of individuals (including those in 1a) vorganization ► 0	who rece	eived	d m	ore '	thar	\$10	00,0	0. 00 in reportable c	0 ompensation from	
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater transludial</li> </ul>	ndıvıdua	ıl						•		3 × 3
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atio	n fro	om a h pe	any erso	unre n	elate	d organization foi	services	5
Complete this table for your five highest compensal compensation from the organization.	ted inde	pend	dent	cor	ntra	tors	s tha	t received more t	nan \$100,000 of	
(A) Name and business addres	s					-		Description o		(C) Compensation
2 Total number of independent contractors (including compensation from the organization ► 0	those ii	າ 1)	who	rec	eive	ed n	nore	than \$100,000 in		

Pai	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns. 1a				
FE	<b>b</b> Membership dues 1 <b>b</b>				
85			İ		
S.W	c Fundraising events 1c				
등심	d Related organizations.				
S.	e Government grants (contributions)				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 898, 339.				
ES	g Noncash contribns included in Ins 1a-1f: \$				
N N	h Total. Add lines 1a-1f	898,339.			
<del>"</del>	Business Code	030,333.			
2	<u> </u>		02 440		<u> </u>
3	2a TUITION & APPLICATION FEE 611600	83,449.	83,449.		
2	b CONCERTS AND RELATED 611600	60,746.	60,746.		
5	c				
8	4				
N N	*				
₹.	e				
ő	f All other program service revenue				<del>                                     </del>
<u></u> "	g Total. Add lines 2a-2f . ▶	144,195.			
l	Investment income (including dividends, interest and other similar amounts).				
	other similar amounts) .	4,732.			4,732.
	4 Income from investment of tax-exempt bond proceeds ▶				
l	5 Royalties		-		
	(i) Real (ii) Personal		.,		
İ					1
	6a Gross Rents		*		* ^
	<b>b</b> Less rental expenses				!
	c Rental income or (loss)				*
	d Net rental income or (loss)				
	() 0			· · · · · · · · · · · · · · · · · · ·	,
	7a Gross amount from sales of assets other than inventory				
	assets other trial inventory			?	
	<b>b</b> Less: cost or other basis				
	and sales expenses	,			
	c Gain or (loss)				
	d Net gain or (loss).				
ηĘ	8a Gross income from fundraising events (not including \$				
EN	of contributions reported on line 1c)				
<u> </u>	· · · · · · · · · · · · · · · · · · ·				
ᇤ	See Part IV, line 18		ļ		
OTHER REVEN	<b>b</b> Less direct expenses <b>b</b>				<u> </u>
١	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	<b>b</b> Less: direct expenses <b>b</b>				1
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less: cost of goods sold <b>b</b>				
1	c Net income or (loss) from sales of inventory.				· · · · · · · · · · · · · · · · · · ·
ł	Miscellaneous Revenue Business Code				
}		C1C			<del> </del>
	11a MISCELLANEOUS INCOME	646.	646.		<b></b>
	b				
1	c				<u> </u>
	d All other revenue				
	e Total. Add lines 11a-11d	646.			
	·				<del> </del>
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1.047.912	144 841	n	4 732

Page 10

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5					
	trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	236,094.	102,753.	68,941.	64,400.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	16,932.	7,369.	4,944.	4,619.
10	Payroll taxes	14,133.	6,151.	4,127.	3,855.
11	Fees for services (non-employees)				
	<b>a</b> Management				
	<b>b</b> Legal .				
	c Accounting	17,700.		17,700.	
	d Lobbying .	1,,,,,,,,,		1,7,00.	
	e Prof fundraising svcs See Part IV, In 17				
	- · · · · · · · · · · · · · · · · · · ·				
	I Investment management fees				
	g Other				
	Advertising and promotion	15 505		15 537	
13		15,537.		15,537.	
14	Information technology				
15	Royalties				
16	Occupancy	13,040.		13,040.	
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest	18,331.		18,331.	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	75,304.	54,740.	20,564.	
23	Insurance .	10,868.		10,868.	
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 )	٨	٠,	y	
;	a TEACHING STAFF	117,250.	117,250.		
	b STUDENT ROOM & BOARD	110,910.	110,910.		
	c PRODUCTION	74,576.	74,576.		
	d MARKETING	23,527.	23,527.	-	
	e TEACHING STAFF ROOM & BOARD	13,813.	13,813.		
	f All other expenses.	28,407.	13,677.	3,145.	11,585.
	Total functional expenses. Add lines 1 through 24f	786,422.	524,766.	177,197.	84,459.
	Joint Costs, Check here If following	100,422.	J24, 100.	111,171.	04,439.
<b>∠</b> 0	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2008)

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	59,543.	1	61,876.
	2	Savings and temporary cash investments	52,001.	2	202,061.
	3	Pledges and grants receivable, net	47,787.	3	407,368.
	4	Accounts receivable, net .	780.	4	1,165.
	5	Receivables from current and former officers, directors, trustees, key employees		5	
	_	or other related parties. Complete Part II of Schedule L		3	
	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.	ľ	6	
Ą	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
ASSETS	9	Prepaid expenses and deferred charges	258.	9	1,762.
3	-	Land, buildings, and equipment cost basis 1,069,043			* * * *
	l	Less accumulated depreciation. Complete Part VI of			* <b>*</b>
	_	Schedule D 172,817	964,637.	10 c	896,226.
	11	Investments – publicly-traded securities	211,454.	11	58,919.
	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	900.	15	900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,337,360.	16	1,630,277.
	17	Accounts payable and accrued expenses .	40,180.	17	64,274.
	18	Grants payable		18	<u>-</u>
	19	Deferred revenue .		19	4,938.
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow account liability Complete Part IV of Schedule D		21	V 754 3866 / 1886 - 1829
LIABILITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ę		of Schedule L	425 000	22	425 000
S	23	Secured mortgages and notes payable to unrelated third parties	425,000.	23	425,000.
		Unsecured notes and loans payable		24 25	
	25 26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25	465,180.	26	494,212.
	20	Organizations that follow SFAS 117, check here ► X and complete lines	405,100.	20	434,212.
N E T		27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	780,571.	27	1,041,166.
ASSET'S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	91,609.	29	94,899.
R		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.	***		
FUZD	30	Capital stock or trust principal, or current funds	<u> </u>	30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds	_	32	
<b>B4L4ZCE</b> の	33	Total net assets or fund balances.	872,180.	33	1,136,065.
Š	34	Total liabilities and net assets/fund balances.	1,337,360.	34	1,630,277.
Pa	rt X	Financial Statements and Reporting			
					Yes No
		counting method used to prepare the Form 990 $\ oxedsymbol{oxed}$ Cash $oxedxtbox{f X}$ Accrual $\ oxedsymbol{igli}$	Other		2a X
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
					2b X
		Yes' to 2a or 2b, does the organization have a committee that assumes responsible to compilation of its financial statements and selection of an independent action.			2c X
3	<b>a</b> As Au	a result of a federal award, was the organization required to undergo an audit or dit Act and OMB Circular A-133?	audits as set forth in the	Single	3a X
	<b>b</b> If "	Yes,' did the organization undergo the required audit or audits?			3b
BA	Α				Form <b>990</b> (2008)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number

YEL	LOW BARN,	INC.			_				03-0	22898	5		
Par	t I Reason	for Pu	blic Charity Statu	ı <b>s</b> (All organızatıons	must	comple	ete this	part.	) (see	ınstruc	tions)		_
The c	organization is	not a pri	vate foundation becau	use it is (Please check o	only <b>one</b>	organiz	ation)						
1		convent	on of churches or ass	ociation of churches des	cribed ii	n sectio	n 170(b)	<b>(1)(A)(i</b> )	).				
2	_			A)(ii). (Attach Schedule	-								
3	A hospital	or coop	erative hospital servic	e organization described	ın <b>sect</b> i	ion 170(	b)(1)(A)	(iii). (A	ttach Sc	hedule H	1)		
4	A medical	research	n organization operate	ed in conjunction with a h	nospital	describe	d in sec	ction 17	′0(Ь)(1)(л	<b>4)(</b> iii). Eı	nter the ho	spital's	S
_	name, city, and state:  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section												
5	170(b)(1)(A)(iv). (Complete Part II.)												
7	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II)												
8	1			170(b)(1)(A)(vi). (Comple	te Part	H )							
9	from activition	ties relate it income	d to its exempt function	more than 33-1/3 % of its ns — subject to certain excess taxable income (less complete Part III )	eptions,	and (2) r	no more	than 33.	·1/3 % of	its suppo	ort from gro	SS	after
10	An organi	zation or	ganized and operated	exclusively to test for po	ublic saf	ety. See	section	n 509(a)	<b>(4).</b> (se	e instruc	tions)		
11	An organi more publ describes	zation or icly supp the type	ganized and operated orted organizations of of supporting organi	exclusively for the bene described in section 509( zation and complete line	fit of, to a)(1) or s 11e th	perform section rough 1	n the fur 509(a)(2 1 h.	nctions 2). See	of, or ca <b>section</b>	rry out tl <b>509(a)(3</b>	he purpose B). Check t	s of or he box	ne or x that
	aType I type II type III Functionally integrated d Type III Other												
е	e By 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).												
f													
g	Since Aug	just 17, 2	.006, has the organiza	ition accepted any gift o	r contrit	oution fr	om any	of the f	ollowing	persons	s?		
												Yes	No
	(i) a pe belo	rson who w, the go	o directly or indirectly everning body of the s	controls, either alone or upported organization?	togethe	with pe	rsons d	escribe	d in (ii) i	and (III)	11 g (i)		
	(ii) a far	nıly men	nber of a person desc	cribed in (i) above?							11 g (ii)		
	(iii) a 35	% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide th	e followi	ng information about t	the organizations the org	anizatio	n suppo	rts.						
	(i) Name of Sup Organization	ported on	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	is the tion in col d in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	zed in the l	(vii) Amour	ıt of Sup	port
					Yes	No	Yes	No	Yes	No			
	<del></del>												
		-											
			\$		š				,	7			
Total													

		5				/ - / \	, , ,	• •	
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t1)				<del></del> -	
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	18	(f) Total	
_	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			-					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	e de la companya de l	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	derby dermin dermin dermin dermin dermin					
6	<b>Public support.</b> Subtract line 5 from line 4			· sais id			_		
Sec	tion B. Total Support								
	lendar year (or fiscal year ginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008							(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.								
9	Net income form unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc. (see ins	structions)			ŀ	12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 5	501(c)	(3)	
Sec	tion C. Computation of Pu		<del></del>				<del></del> -	<del></del>	
14	Public support percentage for 20			ne 11, column (f)			14		
15	Public support percentage for 20	007 Schedule A, P	art IV-A, line 26f			ł	15	%	
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo olicly supported o	x on line 13, and rganization.	the line 14 is 33-	1/3 % or m	ore, cl	heck this box	
b	b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
t	b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, <u>17</u> a					
BAA					Scl	nedule A (F	orm 99	90 or 990-EZ) 2008	

03-0228985 Schedule A (Form 990 or 990-EZ) 2008 YELLOW BARN, INC. Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (f) Total Calendar year (or fiscal yr beginning in)► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified **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 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2008 (c) 2006 (d) 2007 (f) Total Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 %

Section C. Computation of Public Support Percentage

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g

Section D. Computation of Investment Income Percentage norma percentage for 2009 (line 10c column (6 divided by line 12

17	investment incor	ne percentage for	Zuus (line luc,	column (1) alviae	a by line 13, colum	ת (ד)
----	------------------	-------------------	-----------------	-------------------	---------------------	-------

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

19 a 33-1/3 support tests -	– 2008. If the organization o	lid 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
	-	<del>-</del> '	• • • • • •

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 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

20	Private foundation.	f the organization	did not check	a box on line	14, 19a, or 1 <sup>t</sup>	9b, check this box and	d see instructions

17

18

%

%

Schedule .	<b>A</b> (Form 990 or	990-EZ) 200	8 YELLOW	BARN,	INC.	03-0228985	Page <b>4</b>
Part IV	Suppleme	ntal Inform	ation. Com	plete this	s part to provide the	e explanation required by Part II, r additional information. (see inst	line 10;
	Part II, line	1/a or 1/	b; or Part II	i, line 12	2. Provide any other	r additional information. (see inst	ructions)
							. <b></b>
			<b></b> -		- <b></b>		·
		<del></del>	<b></b>				. <b>.</b>
			<del>-</del>				
					. <b></b>		
							· <b></b>
	- <b>-</b>				<del>-</del> _		. <b></b>
			<del></del>				
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<b>_</b>			<del>-</del>			· <b></b>	
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					<b></b>	·	
				<b>-</b>			
							- <b></b>
							· — <del>-</del>

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer Identification number

YEI	LOW BARN, INC.		03-0228985
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year .		
_	,		lana advand
5	funds are the organization's property, subject		tes No
6	used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or otl	Yes No
Par	t II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held be	y the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space	<del>_</del>	
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	m of a conservation easement on the last day
			Held at the End of the Year
a	Total number of conservation easements		2a
t	Total acreage restricted by conservation ease	ements	2b
(	: Number of conservation easements on a cert	ified historic structure included in (a).	2c
	Number of conservation easements included		2d
		transferred, released, extinguished, or termina	ated by the organization during the taxable
	vear ►	•	•
4	Number of states where property subject to c	<del></del>	_
5	enforcement of the conservation easement it		Yes No
6	Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing easements during	the year >
7	Amount of expenses incurred in monitoring,	nspecting, and enforcing easements during the	e year ▶\$
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of so	ection Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenue and expe to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Par		ections of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization ans	swered 'Yes' to Form 990, Part IV, line	e 8
1 a	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for pul the text of the footnote to its financial statem</li> </ul>	er SFAS 116, not to report in its revenue staten olic exhibition, education, or research in further ents that describes these items	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
t	of the organization elected, as permitted under treasures, or other similar assets held for pul amounts relating to these items:	er SFAS 116, not to report in its revenue staten plic exhibition, education, or research in further	nent and balance sheet works of art, historical rance of public service, provide the following
	(i) Revenues included in Form 990, Part VII	, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items:	for financial gain, provide the following
ā	Revenues included in Form 990, Part VIII, lin	e 1 .	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

	OW BARN, INC.			03-022			Page 2
Part III Organizations Mainta	ining Collections of A	rt, Historica	Treasures, o	r Other Similar Ass	ets (co	<u>ntınu</u>	ed)
3 Using the organization's accession that apply)	on and other records, check	any of the follo	owing that are a s	significant use of its coll	ection ite	ms (cł	neck all
a Public exhibition	d	Loan or exc	hange programs				
<b>b</b> Scholarly research	e	Other					
c Preservation for future gener							
4 Provide a description of the orga Part XIV					se in		
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or receive donati	ions of art, hist	orical treasures, o organization's co	or other similar illection?	Yes	Г	No
Part IV Trust, Escrow and Cu		Complete if	organization			0, Pa	
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or other inte	ermediary for c	ontributions or ot	her assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and complete t	he following tal	ole:	<del></del>			
					Amount		
c Beginning balance				1c			
<b>d</b> Additions during the year			•	1 d	<del> </del>		
e Distributions during the year				1 e			
f Ending balance				1f		_	
2a Did the organization include an a	mount on Form 990, Part X	, line 21?			Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement							
Part V   Endowment Funds Co	mplete if organization	<u>answered 'Y</u>	es' to Form 99		. <del></del>		
	(a) Current year (t	) Prior year	(c) Two years bac	TRANSPORT	* 10 dt 65	ur years	back
<b>1 a</b> Beginning of year balance						<b>29</b> 4	<u> </u>
<b>b</b> Contributions					1 2	ş 7 4 3 3	200
c Investment earnings or losses					34		
<b>d</b> Grants or scholarships.					1 (A)		10 W 3.1
e Other expenditures for facilities and programs	ž.						
f Administrative expenses					4 /8/ X	· ***	* \ 1
<b>g</b> End of year balance			<u> </u>	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. :	· (,, 2	<u> </u>
2 Provide the estimated percentage	<del>-</del>	eld as:					
a Board designated or quasi-endov	vment ► 9	<b>i</b>					
<b>b</b> Permanent endowment <b>&gt;</b>	<b>%</b>						
c Term endowment ►	%						
3a Are there endowment funds not a organization by:	n the possession of the orga	anization that a	re held and adm	inistered for the	[·	Yes	No
(i) unrelated organizations		•			3a(i)		
(ii) related organizations	1				3a(ii)	Ţ	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed as requi	red on Schedul	e R?		3b		
4 Describe in Part XIV the intended							
Part VI Investments-Land, B	uildings, and Equipme	ent. See For	n 990, Part X	, line 10.			
Description of investment	(a) Cost or oth (investme		Cost or other asıs (other)	(c) Depreciation	<b>(d)</b> Bo	ok Va	lue
<b>1 a</b> Land							
<b>b</b> Buildings			741,568.	65,871.		675,	697.
c Leasehold improvements			209,326.	23,259.		186,	067.
<b>d</b> Equipment			118,149.	83,687.		34,	462.
e Other							
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 990, Part X	, column (B), l	ne 10(c).)	•		896,	226.
BAA				Sched	ule <b>D</b> (Fo	m 990	)) 2008

Schedule [	(Form 990) 2008 YELLOW BARN, INC.			03-0228985 Page <b>3</b>
Part VII	Investments-Other Securities See Fo	orm 990, Part X, lin	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation if-year market value
	derivatives and other financial products			
Closely-he	ld equity interests			
Other _				
				<u> </u>
			*	*
Total. (Colum	mn (b) should equal Form 990 Part X, col. (B) line 12.)	<u> </u>		, į
Part VIII	Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Meth	od of valuation of-year market value
			Cost or end-c	or-year market value
				<del></del>
	<del></del>			<del></del>
		<u> </u>		-
	· · · · · · · · · · · · · · · · · · ·	-		
		<del> </del>		
			<del></del>	
		ļ	· · · · · · · · · · · · · · · · · · ·	
Total Colum	n (b)(should equal Form 990, Part X, Col. (B) line 13.)		***	* * * * .
Part IX	Other Assets (See Form 990, Part X,			
	· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
			<del> </del>	
Total. Colu	ımn (b) Total (should equal Form 990, Part X, co	ol (B), line 15)		<b>&gt;</b>
Part X	Other Liabilities (See Form 990, Part	X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal Inc	come Taxes			
	-			
				İ
Total Colum	nn (b) Total (should equal Form 990, Part X, col. (B) line 25)	<b>•</b>		
Total. Colum				

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

03-0228985

Page 3

Sche	dule D (Form 990) 2008 YELLOW BARN, INC.	03-0228985	Page 4
Par	t 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)		047,912.
2	Total expenses (Form 990, Part IX, column (A), line 25)		786,422.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		261,490.
A	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities		
2			
9	Investment expenses		
,	Prior period adjustments	•	2,394.
8	Other (Describe in Part XIV) SEE PART XIV	•	2,394.
9	Total adjustments (net) Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		263,884.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	oer Return	
1	Total revenue, gains, and other support per audited financial statements	1 1,	047,912.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
a	Net unrealized gains on investments		
t	Donated services and use of facilities 2b		
	Recoveries of prior year grants.		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1		047,912.
3			041,512.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	<del></del>	
t	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	. 4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		047,912.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return	
1	Total expenses and losses per audited financial statements.	1	786,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other (Describe in Part XIV)	<del>-   -  </del>	
e	Add lines 2a through 2d	2e	706 400
3	Subtract line <b>2e</b> from line <b>1</b>	3	786,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV) . 4b		
•	: Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	786,422.
	t XIV   Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.		
		<b></b>	
		<b></b> -	
PAA		Cahadida B /C	orm 990) 2009
BAA	TEEA3304L 12/23/08	Schedule <b>D</b> (F	71111 77U) ZUUB

03-0228985

Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
_ <b></b>		
		<b>_</b>
<b>-</b>		<b></b>
<b></b>		
		_ <b> </b>
<del>-</del>		

2008

# SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

YELLOW BARN, INC.

03-0228985

SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

TOTAL \$ 2,394.

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

**Schools** 

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. 
► Attach to Form 990 or Form 990-EZ.

**Employer identification number** Name of the organization 03-0228985 YELLOW BARN, INC YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 2 Х and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain X 3 NONDISCRIMINATORY POLICY INDICATED ON ALL SOLICITATIONS Does the organization maintain the following? 4a Х a Records indicating the racial composition of the student body, faculty, and administrative staff? **b** Records documenting that scholarships and other financial assistance are awarded on a racially 4b Х nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with Х 4c student admissions, programs, and scholarships? X 4d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No,' to any of the above, please explain (If you need more space, attach a separate statement.) Ř. Does the organization discriminate by race in any way with respect to. X 5a a Students' rights or privileges? X **b** Admissions policies? 5 b X c Employment of faculty or administrative staff? 5c d Scholarships or other financial assistance? Х 5d e Educational policies? X 5e f Use of facilities? X g Athletic programs? 5g Х h Other extracurricular activities? X 5h If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.) X 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? Х 6b If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev. Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If

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

'No,' attach an explanation

Schedule E (Form 990 or 990-EZ) 2008

## SCHEDULE G (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

	Employer identification number
YELLOW BARN, INC.	03-0228985
FORM 990, PART VI, SECTION C, LINE 19	
YELLOW_BARN_DISCLOSES_ALL_DOCUMENTS, INCLUDING_POLICIES_AND_GOV	ERNANCE DOCUMENTS TO
THE_PUBLIC, UPON_REQUEST	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
THE FINANCE COMMITTEE REVIEWS THE 990 AND THEN PRESENTS IT TO T	HE EXECUTIVE
COMMITTEE FOR ITS APPROVAL BEFORE BEING FILED.	
~~~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
` <u>`</u>	