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1 DCHFOUNDATI 03/24/2010 4 24 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008 Open to Public Inspection

A	For the 2008 ca	lendar y	ear, or tax year beginning $10/01/08$, and ending $9/30/09$			
В	Check if applicable	Please	C Name of organization		D Employ	yer identification number
	Address change	use IRS label or	THE DCH FOUNDATION			
$\overline{\sqcap}$	Name change	print or	Doing Business As		63-	0718581
H	·	type.	Number and street (or P O box if mail is not delivered to street address)	m/suite	E Telepho	one number
\vdash	Initial return	See	809 University Boulevard		205	-759- <u>7349</u>
\sqcup	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ots\$ 2,166,824
	Amended return	tions.	Tuscaloosa AL 35401			
П	Application pending	F Name	e and address of principal officer		H(a) Is this a	group return for
_		J.	Weldon Cole		affiliates	o? Yes X No
		Sa	me as C above		H(b) Are all a included	Yes No
	<u>-</u> -	<u> </u>			If "No," a	attach a list (see instructions)
~	Tax-exempt statu					
厌.	Website: ▶ h					exemption number
e <mark>k</mark>	Type of organization			formation 15	78 [M State of legal domicile AL
		umma				·
<u>م</u>	1		the organization's mission or most significant activities			
⊉	_		de funds to enhance the medical facilities at DCH Medical Center.			
جَةِ	1		•			
Activities & Governance PR	2 Chack th	us boy	► ☐ if the organization discontinued its operations or disposed of more than 25%	of its asset		• •
<u>Z</u> Ğ			members of the governing body (Part VI line 1a)	Ol	3	32
⊘ 8			endent voting members of the governing body (Part VI, line 1a) PR 0 5 2010	ଧ	4	30
NÉ.			employees (Part V, line 2a)	RS-OS	5	0
Ę	ı			뜨	6	250
4			volunteers (estimate if necessary) lated business revenue from Part VIII, line 12, column (6) OGDEN, UT]	7a	
	b Net unre	lated bu	siness taxable income from Form 990-T, line 34		7b	0
				Prior Yea		Current Year
ē	1		d grants (Part VIII, line 1h)	3,029	0,374	1,481,964
Revenue	1		revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, and 7d)	202	102	357,917
æ	1		- 292	,482	102,951	
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,736	892	1,942,832
			ar amounts paid (Part IX, column (A), lines 1-3)	2,511		2,399,704
			or for members (Part IX, column (A), line 4)		7,02	
ø	15 Salaries,					
penses	1		draising fees (Part IX, column (A), line 11e)			
be.	1		expenses (Part IX, column (D), line 25) > 273,512			
찣			(Part IX, column (A), lines 11a-11d, 11f-24f)	218	,127	321,388
	18 Total exp	oenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	2,729	,828	2,721,092
	19 Revenue	less ex	penses Subtract line 18 from line 12		064	<u>-778,260</u>
Net Assets or	00 T-1-1	4- /D		Beginning of		End of Year
Asse	20 Total ass		•	11,045		10,137,632
Set Set	21 Total liab	•	Part X, line 26)	<u>202</u> 10,762	760	153,132 9,984,500
			nd balances Subtract line 21 from line 20	10,702	, / 0 0	9,304,300
			ties of perjury, I declare that Hiave examined this return, including accompanying schedules and s	statements ar	nd to the best	t of my knowledge
	and	d belief, it	true, correct, and complete Declaration of preparer (other than officer) is based on all information	on of which p	reparer has a	iny knowledge
Sig	gn 📗	/	buden du =			
He	re	Signatu	re of officer		Date	7 22 12
			Claude D. Edwards Treasure			3-30-10
_		Type or	print name and title			
Pa	id Pre	eparer's	Date	Check if	_	Preparer's identifying number (see instructions)
	eparer's	nature	1. (Ilm 1441) 3/24/1	0 employe	ed ▶ X	416-86-5938
	• ;	m's name	(or yours Morrison & Smith, LLP		EIN	▶ 63-0401542
JS	If so	elf-emplo	yed), P.O. Box 20647		Phone	_
_		dress, and	Tubeatooba, NE 33402 0047		no 🕨	205-349-2424
			eturn with the preparer shown above? (see instructions)			Yes No
DAA	For Privacy	Act and	Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

Form 990 (2008) THE DCH FOUNDATION	63-0718581	Page 2
Part III Statement of Program Service Accomplishing	nents (see instructions)	
Briefly describe the organization's mission		
To provide funds to enhance the med	dical facilities at DCH	
Regional Medical Center.		
2 Did the organization undertake any significant program services duri	ng the year which were not listed on	п
the prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes services?	in now it conducts, any program	Yes X No
If "Yes," describe these changes on Schedule O	•	☐ tes ☑ No
4 Describe the exempt purpose achievements for each of the organiza	tion's three largest program services by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1)		
allocations to others, the total expenses, and revenue, if any, for each		
	program our noo repentou	
4a (Code:) (Expenses \$ 1,984,298 including	g grants of \$ 1,984,298) (Revenue \$)
DCH Regional Medical Center-Various		·
medical treatment of patients		
_		
	·	
		•
4b (Code) (Expenses \$ 276,130 includin	g grants of \$ 276,130) (Revenue \$)
Other payors on behalf of Medical (Center or other	
beneficiaries		
	·	•
4c (Code:) (Expenses \$ 95,004 includin	g grants of \$ 95,004) (Revenue \$	
Donations to DCH for Overhead Alloc		,
·		
		
4d Other program services. (Describe in Schedule O.)	44 272 \ (0)	
(Expenses \$ 44,272 including grants of \$	44,272) (Revenue \$	
4e Total program service expenses ► \$ 2,399,704	(Must equal Part IX, Line 25, column (B))	- 222

Form 990 (2008) THE DCH FOUNDATION

Part IV Checklist of Required Schedules

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, X, or X as applicable 12 Did the organization or generous 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 15 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 II 16 Did the organization or on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 14 is 16 "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 18 Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 Did the organization oreport more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 Did the organization oreport more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 Did the organization oreport more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 20 Did the organization oreport more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VIII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 22 Did the organization have a tax-exempt bond issue with an ou		TITY, Officialist of Frequency			
complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Is the organization regulared to complete Schedule B, Schedule of Contributors? 3 Did the organization regulared in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, Complete Schedule C, Part II 5 Section 801(c)(3), 501(c)(5), and 501(c)(6) organization engage in lobbying activities? If Yes," complete Schedule C, Part III 5 Section 801(c)(3), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c) notice and reporting requirement and proxy laz? If Yes," complete Schedule C, Part III 5 Did the organization maintain and yodinor advised unlost or any second where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 6 Did the organization maintain and draes, or historic structures? If Yes, complete Schedule D, Part II 7 Did the organization maintain and areas, or historic structures? If Yes, complete Schedule D, Part II 8 Did the organization annual maintain and the III of the organization maintain and areas, or historic structures? If Yes, complete Schedule D, Part II 9 Did the organization regord an amount in Part X, line 21, serve es a custodian for amounts not listed in Part X, or provide carde counseling, debt management, cris det report organization services? If Yes," complete Schedule D, Part V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V 11 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V 12 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V 13 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V 14 Did the organization hold assets in term, permanent, o				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions? 2 Did the organization engage in infect or indirect or printers obtained and an activates on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6003(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic tand areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Fart X, line 21; serve as a custodian for amounts not Issted in Part X, or provide crude to custelling, debt management, credit repair, or debt neglobation services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Fart X, line 21; serve as a custodian for amounts not Issted in Part X, or provide crude D, Part IV 11 Did the organization hold assets in torm, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 12 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 13 Did the organization report an in Part X, lines 10, 12, 13, 15, to 257 It "Yes," complete Schedule D, Part V 14 Did the organization report an in Part X, incert II "Yes," complete Schedule D, Part V 15 Did the organization report or mer than 15, 000 or part VII, line 8 31 organization graphical preport or part IX, column (A), line 3, more than \$5,000 or part IX, column	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Dut the organization reginge in direct or undirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part II 5 Section 501(p(3), 501(p(5), and 501(p(6)) organization engage in lobbying activities? If "Yes," complete Schedule C, Part III 5 Did the organization maintain and your activised 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 C, Part III 6 Did the organization maintain and organization in such funds or accounts? If "Yes," complete Schedule C, Part III 7 Did the organization maintain and areas, or historic structures? If "Yes," complete Schedule C, Part III 8 Did the organization maintain and areas, or historic structures? If "Yes," complete Schedule C, Part III 9 Did the organization maintain and organization report an amount in Part X, line 21; serve as a custodian for amounts in listed in Part X, or provide cride counseling (debt management, crided treat peoplation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide cride counseling (debt management, crided treat peoplation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° II "Yes," complete Schedule D, Part V 11 Did the organization have applicable 12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° II "Yes," complete Schedule D, Part V 11 Did the organization maintain an ortice, employees, or agents outside of the U.S." If "Yes," complete Schedule P, Part II II X 12 Did the organization report an applicable 13 Did the organization report and part IX, column (A), line 3 in "Yes," complete Schedule F, Part II II Did the organization report more than \$15,000 and part VIII, lines 21 in "Yes," complete Schedule F, Part		·	\vdash	X	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advised unders or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or any accounts? If "Yes," complete Schedule D, Part II 7 Did the organization creave 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 X or provide credit consensition of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not istadd in Part X, or provide credit counseling, debt management, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, line 10; 12, 13, 5, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, line 10; 12, 13, 5, or 25? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount in Part X, line 10; 12, 13, 5, or 25? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount in Part X, line 10; 12, 13, 5, or 25? If "Yes," complete Schedule D, Part V 14 Did the organization report an amount in Part X, line 10; 12, 13, 5, or 25? If "Yes," complete Schedule D, Part V 15 Did the organization report an anount in Part X, line 10; 12, 13, 5, or 25? If "Yes," complete Schedule D, Part V 16 Did the organization as chool decisionable in section 10; 10(1); (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(3				
Schedule C, Part II Section Sri(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 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advised on maintain any donor advised funds or any accounts where donors have the right to provide advised on maintain any donor advised funds or any accounts where donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not talsed in Part X, or provide credit counseling, dobt managament, or dott registation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not talsed in Part X, Urit B, C, Part II Did the organization report an amount in Part X, line 12; serve as a custodian for amounts not talsed in Part X, Urit B, C, Part IV Did the organization report an amount in Part X, line 12; serve as a custodian for amounts not talsed in Part V Did the organization report an amount in Part X, lines 10; 12; 13, 15, or 25° II "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10; 12; 13, 15, or 25° II "Yes," complete Schedule D, Part V Did the organization receive an audited financial stellment for the year for which it is completed Schedule D, Part II Did the organization report an amount in Part X, lines 10; 11; "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization maintain a		candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
5 Section Sp1(c)(4), Sp1(c)(5), and Sp1(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and prinory tas? If "Yes," complete Schedule C, Part III 5 5 7 7 7 7 7 7 7 7	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
notice and reporting requirement and proxy tax? If Yes, "complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Part V Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GARP? If "Yes," complete Schedule D, Part X, VII, VII, VII, VI, X or X as applicable Did the organization aschool described in section 170(b)(I)(A)(b)(I) If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S Did the organization maintain an office, employees, or agents outside of the U.S Did the organization report more than \$15,000 on Part IX, column (A), line 1, Part II "Yes," complete Schedule E, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 1, Part II "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IX, column (A), line 1, Part II "Yes," complete Schedule G, Part II Did the organiz		Schedule C, Part II	4		<u>X</u>
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Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 conselling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part V Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization namitian amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D, Part V Did the organization management of the part of the Vear for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Part X, XIII, and XIII Did the organization manitian an office, employees, or agents outside of the U S? Did the organization manitian an office, employees, or agents outside of the U S? Did the organization report on Part IX, column (A), line 3, more than \$5,000 form grantmaking, fundrasing, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part II Did the organization report more than \$15,000 on Part IXI, louturn (A), line 1+9 If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IXI, column (A), line 1+9 If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IXI, column	6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III 7, X. S. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9. Did the organization or proof an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or prowde credit counseling, dight management, crodit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV 10. Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11. Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAMP If "Yes," complete Schedule D, Part X IX, IX, IX, IX, IX, IX, IX, IX, IX, I		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7		Schedule D, Part I	6		<u> X</u>
b Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, complete Schedule D, Part X, IX, and XIII 12 X 13 Is the organization report an aschool described in section 170b(X)(A)(II)? If "Yes," complete Schedule E 13 X X 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantimaking, fundrasing, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part II 14 Did the organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeste grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 15 X 15 Did the organization report more than \$15,000 total on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 15 X 15 Did the organization report more than \$15,000 total on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 X 19 Did the organization report more than \$15,000 total	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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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 V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 13 Is 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, Part Sti, XII, and XIII 14 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 15 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 16 Did the organization maintain an office, employees, or agents outside of the U.S.? If "Yes," complete Schedule F, Part II 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 18 Did the organization report more than \$15,000 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 II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$5,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule G, Par	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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complete Schedule D, Part IV Dot the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Dot the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° lf "Yes," complete Schedule D, Parts VI, VIII, VIII, X, or X as applicable Dot 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 Is the organization a school described in section 170(b)(1)(A)(ii); If "Yes," complete Schedule E 11	9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		•	
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Parts VI, VIII, IIX, or X as applicable 10 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 11 Is is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 11 Is be organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12 X 13 Is the organization maintain an office, employees, or agents outside of the U S? 14 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 II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garins or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 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 17 Did the organization report more than \$15,000 on Part IX, column (A), line 14e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part IX, column (A), line 14e? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule I, Parts I and III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 12e? If "Yes," complete Schedule I, Parts I and III 22 Did the organization nawer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedul	10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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 as chool described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E 13 X 14a 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 II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of gargeagte grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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 17 Did the organization report more than \$15,000 on Part IX, column (A), line 19 If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part IXI, column (A), line 19 If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 on Part IXI, column (A), line 19 If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 21 X 22 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	11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X b Did the organization and maintain an office, employees, or agents outside of the U.S.? If "Yes," complete Schedule F. Part I 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 II Did the organization pert on Part IX, column (A), line 3, more than \$5,000 of gargins or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part III 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 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III Did the organization report more than \$15,000 on Part IXII, line 93 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III Did the organization report more than \$5,000 on Part IX, column (A), line 11e If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 on Part IX, column (A), line 21e If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 on Part IX, column (A), line 21e If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 on Part IX, column (A), line 21e If "Yes," complete Schedule I, Parts I and III 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,		Parts VI, VII, VIII, IX, or X as applicable	11		X
13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 14 Ida Did the organization maintain an office, employees, or agents outside of the U.S.?? 15 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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 II 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, lines to and Ba? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," answer questions 24b—24d and complete Schedule K If "No," go to question 25. 25 Did the organization animalian an escrow account other than a refunding escrow at any time during the year 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 25d Did the organiza	12	Did the organization receive an audited financial statement for the year for which it is completing this return			
Did the organization maintain an office, employees, or agents outside of the U.S.? 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 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 II 18 X 18 Did the organization report more than \$15,000 on Part IXIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Part III 19 X 20 Did the organization report more than \$5,000 on Part IXII, line 9a? If "Yes," complete Schedule G, Part III 19 X 21 Did the organization perort more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization export more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 X 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 22 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," camplete Schedule I, Parts I X 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d		that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		
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 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 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 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IXI, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part IXI, lines 1c and 8a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VIII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 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. Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 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 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 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Part I and II 20 Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and III 21 Did the organization eport more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization nesor "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 23 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. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization maintain an escrow account other than a refunding escrow at any time during the year 25d to defease any tax-exempt bonds? 25d Did the organization become aware that it had engaged in an excess benefit tr	14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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 III 15	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15		business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
to bit 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 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part IVIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 25 Schedule J 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 28 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 28 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17		organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part VIII, lines 9a? If "Yes," complete Schedule G, Part III 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 25 Schedule J 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 27 Did the organization and so an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 28 with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 22 Schedule J 23 Schedule J 24 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. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization become aware that it had engaged in an excess benefit transaction 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X 25b Was a loan to or by a current or former officer, director, trustee, key employee, or 25d disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b Did the organization of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26c X 27c Did the organization or other assistance to an officer, director, trustee, key employee, or		to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
		disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1		
		substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	L	X

organization? If "Yes," complete Schedule R, Part V, line 2

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

**	art IV. Checklist of Required Schedules (continued)		<u> </u>	ayo.
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.	i		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ł
	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	<u> </u>	X
С	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	<u>L</u>	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	1		
	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	<u> </u>	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	1		
	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,	1		
	III, IV, and V, line 1	34		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
		1		1

Form **990** (2008)

36

37

<u> </u>	nt v Statements Regarding Other IRS Fillings 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	1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments are reportable payments and reportable payments are reportable payments.	ропаріе	ا . ا		
2-	gaming (gambling) winnings to prize winners?	, , 	1c	Х	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		-
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	-	-		
	Instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			
	this return?	-	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Γ	3ь	Ī	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority		Î	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?	L	4a		X
b	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank			
	and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u>	5a		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		<u>5b</u>		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		_		
0-	Regarding Prohibited Tax Shelter Transaction?	-	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	ris or	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).	F	00		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			
-	\$75?		7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Γ	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?	L	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a part of the property of the prope	ersonal	.	.	
	benefit contract?	<u> </u>	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			v
	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	,ion	7h		X
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon		ŀ		
	organization, have excess business holdings at any time during the year?	Somig	8		\mathbf{x}
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	<u> </u>			
a	Did the organization make any taxable distributions under section 4966?		9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	Γ	9b	1	X
10	Section 501(c)(7) organizations. Enter:	, , T			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		ĺ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	. ,]		
а	Gross income from members or shareholders	11a	l		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		000	

Form 990 (2008) THE DCH FOUNDATION 63-0718581 Governance, Management, and Disclosure (Sections A. B. and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management 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. Enter the number of voting members of the governing body 1a 30 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 Х any other officer, director, trustee, or key employee? 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 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following. Х The governing body? Ra X Each committee with authority to act on behalf of the governing body? Х 9a Does the organization have local chapters, branches, or affiliates? 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Х must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 12¢ 13 Does the organization have a written whistleblower policy? 13 X Х Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? Х 15a X Other officers or key employees of the organization? 15b Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ David Noland 809 University Blvd.

205-343-824

AL 35401

Tuscaloosa

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.

		ensate T	e an			direc	ector, trustee, or key employee							
(A) Name and Title	(B) Average	Posi	tion (C) k all 1	hat ap	opły)	(D) Reportable	(E) Reportable	(F) Estimated				
Name and Tille	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
Dr. Dirk L. BOD	Berry 1	x						0	0	C				
Mr. Spencer BOD	Burchfield 1	x						0	0	(
Mr. John D. BOD	Cade 1	x						0	0	(
Mr. Roy Clem	1	x						0	0	(
Hon. Joe Col	1	x						0	0					
Mr. Bill Del	oach 1	x						0	0					
Mr. David De	Santis 1	x						0	0	(
Mr. Sam Fauc BOD	ett 1	x						o	0					
BOD	Ferguson 1	х						0.	0					
Ms. Jessica BOD	1	x						0	0	(
Mr. Fred Hal	1	х						0	0	(
Mr. Charles	1	х						0	0	(
BOD	Jamison 1	х						0	0	(
Mrs. Felyici	1	х						0	0	(
Ms. Gina Mie BOD	1	х						_0	0					
Mr. Wilson M	loore 1	х						0	0					
Mrs. Sarah B	atterson 1	x						0	0	(

Form **990** (2008)

	DCH FOUNDATIO		s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)				Page
(A) Name and title	(B) Average	Posi	tion (C) k all t	hat ap	oply)	(D) Reportable	(E) Reportable		(F) Estima		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	(amour othe ompen from organiz and rel organiz	er sation the ation ated	
Mrs. Voncile BOD	Pearce 1	х						0	0				
Mrs. Mary Ar BOD	1	Х						0	0				
Mr. Ralph Qu BOD	1	х						0	0				
Mr. Mixon Ru BOD	ıss 1	Х						o	0				(
Dr. Barbara BOD	1	Х						0	0				(
Mr. Mark Sul BOD	1	х_						0	0				_(
Mrs. Deborah BOD	1	х						0	0				(
BOD	ıld Washingtor 1	h X						0	0				(
Mr. J. Weldo President	1			x	_			0	0				(
Mrs. Leah Ar Vice-Pres	1			х				0	0				(
Mr. Claude I Treasurer	11			х	<u> </u>			0	0				(
Mr. Robert F Secretary	1			x				0	0				(
Mr. Gene Poo At-Large Mbr	1 <u>1</u>			х			Ļ	0	0				(
	viduals (including those in	1a)	who	rece	ived	mor	e tha	an \$100,000 in reportable o	compensation from the				
organization ▶ 0												Yes	No
employee on line 1a	? If "Yes," complete Sched	dule	J for	suc	h ind	dividu	ıal	yee, or highest compensa			 3		X
4 For any individual lis the organization and individual	sted on line 1a, is the sum I related organizations grea	of re ater	porta than	able \$15	com 0,00	o? If	atio Yes	n and other compensation s," complete Schedule J fo	from r such		4		x
5 Did any person lister	d on line 1a receive or acc the organization? If "Yes,							y unrelated organization fo	r		5	······································	x
Section B. Independent	Contractors												
Complete this table compensation from	the organization.	ensa	ited :	nde	pend	lent o	contr	ractors that received more					
	(A) Name and business address				_		\vdash	Descrip	(B) stron of services		_Cc	(C) ompensa	ition
							<u> </u>						
			_				-						
A Table of			. 41-		. 41								
2 Total number of inde	•	raing	tho:	se ır	11)\	wno r	ecei	ved more than \$100,000 ir	1		0		

Pa	rt V	III Statement of Reve	enue	-					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ တ	1a	Federated campaigns	1a				Tevenue		312, 313, 01 314
ant	h		1b	·					
₽Ĕ		Fundraising events	1c	2	85,943				
ifts	4	Related organizations	1d		03,743				
S, Fig	•	Government grants (contributions)	1e						
jon	4	All other contributions, gifts, grants,	16						
the	•		1f	1 1	96,021				
d d	_	Noncash contributions included in lines 1a			00,666				
a Co	9	Total. Add lines 1a-1f	-и ф	-	00,000 •	1,481,964			
Program Service Revenue Contributions, gifts, grants and other similar amounts		Total: Add lines 14-11			Busn. Code				
en l	2a				Dudii. Gude			<u>-</u>	
Pe	b								
ice	G								
er.	d								
Ē	е								
gra	f	All other program service reve	enue						
F	q	Total. Add lines 2a-2f			. •				3
	3	Investment income (including	dıvide	nds, intere	est, and				
		other similar amounts)			•	387,130	387,130		
	4	Income from investment of tax	x-exem	pt bond p	roceeds >				
	5	Royalties			•				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)		<u> </u>				M	
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		1	<u> </u>				
	,	sales of assets			Other				
		'	,594	1	188,185				
	b	Less cost or other	224	1	212 (50				
	_		<u>,334</u> ,740		213,658 -25,473		*		*
	4	Net gain or (loss)	, /40	<u> </u>	-23,473	-29,213	-29,213		and designation of the same of the same
	Ra	Gross income from fundraising eve	ante	<u> </u>		25,213	25,213		
ē	-	(not including \$ 285,							
en		of contributions reported on line 10							
Other Revenue		See Part IV, line 18	a		102,951				
je	ь	Less: direct expenses	b]			
8	С	Net income or (loss) from fund	draisin	gevents		102,951	102,951		<u>_</u>
	9a	Gross income from gaming activities	es						
		See Part IV, line 19	а						
		Less direct expenses	b	L					
		Net income or (loss) from gan	_	tivities					
	10a	Gross sales of inventory, less		l					
	_	returns and allowances	a						
		Less cost of goods sold	b	L					
	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		ventory	Busn. Code				
	11a	iviscellaneous nevenu			Duaii, Code				
	i ia				—			 	 -
	C								
	d	All other revenue			<u> </u>			<u>-</u>	
	e	Total. Add lines 11a-11d			•			· , <u> </u>	
	12	Total Revenue. Add lines 1h,	2g, 3.	4, 5, 6d. 7	7d, 8c,				
		9c, 10c, and 11e			<u> </u>	1,942,832	460,868	0	0

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).												
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and	<u> </u>		<u> </u>									
-	organizations in the U.S. See Part IV, line 21	2,374,704	2,374,704										
2	Grants and other assistance to individuals in	,											
_	the U S. See Part IV, line 22	25,000	25,000										
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												
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			·									
8	Pension plan contributions (include section 401(k)			· - ·	. –								
-	and section 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes												
11	Fees for services (non-employees)												
а	Management												
ь													
C	Accounting	9,338		9,338									
d	Lobbying												
е													
f	Investment management fees												
g	<u>.</u> .												
12	Advertising and promotion	62,190			62,190								
13	Office expenses	7,299		7,299									
14	Information technology												
15	Royalties												
16	Occupancy												
17	Travel	264			264								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization												
23	Insurance												
24	Other expenses Itemize expenses not												
	covered above (Expenses grouped together				,								
	and labeled miscellaneous may not exceed												
	5% of total expenses shown on line 25 below)												
а	Site Rental	101,351			101,351								
b	Catering	41,321			41,321								
С	Supplies	31,115			31,115								
d	Investment Fees	25,322		25,322									
е	Repairs/Maintenance	15,645			15,645								
f	All other expenses	27,543		5,917	21,626								
25	Total functional expenses. Add lines 1 through 24f	2,721,092	2,399,704	47,876	273,512								
26	Joint Costs. Check here In following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and												
	fundraising solicitation			_									
					Form 990 (2008)								

<u>_P</u>	art X	Balance Sheet			,			
		•		(A)		(B)		
			 	Beginning of year		End of	year	
	1	Cash—non-interest bearing			1			
	2	Savings and temporary cash investments		1,920,737	2	1,4		
	3	Pledges and grants receivable, net		4,590,262	3	3,6	<u>33,</u>	<u>590</u>
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, to	trustees, key					
		employees, or other related parties. Complete Part II of S	Schedule L		5			
	6	Receivables from other disqualified persons (as defined	under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L	,		6	-		-
G	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · · · · ·	7			
Assets	8	Inventories for sale or use			8			
155		Prepaid expenses and deferred charges		33,551	9		2 Q	941
⋖	9		1 40-1	33,331	-	<u> </u>	<i>,</i>	
	10a	3.	10a	1				
	D	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	10b	4 501 020	10c	4 0	~ _	
	11	Investments—publicly traded securities		4,501,038	11	4,9	24,	800
	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			<u>950</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34	9)	11,045,588	16	10,1	<u>37,</u>	<u>632</u>
	17	Accounts payable and accrued expenses		85,614	17		<u>48,</u>	<u>777</u>
	18	Grants payable			18			
	19	Deferred revenue		197,214	19	10	04,	355
	20	Tax-exempt bond liabilities			20			
es	21	Escrow account liability. Complete Part IV of Schedule D)		21			
Liabilities	22	Payables to current and former officers, directors, trustee						
<u>ত্</u>		employees, highest compensated employees, and disqu						
Ë		persons. Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third	narties		23			
	24	Unsecured notes and loans payable	partico		24			
	25	Other liabilities. Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		282,828	26	7 (5.3	132
-s	20	Organizations that follow SFAS 117, check here	and	202,020	20	1.	<i>,</i>	<u> </u>
nces		complete lines 27 through 29, and lines 33 and 34.	<u>.</u> und					
핆	27	Unrestricted net assets		3,636,524	27	4,0	71	342
Balar	28			7,101,287	28	5,8		
D		Temporarily restricted net assets		24,949				005
Fund	29	Permanently restricted net assets	. [7]	24,343	29	•	<u> </u>	005
Ē		Organizations that do not follow SFAS 117, check her	e L					
ō		and complete lines 30 through 34.				~		
Assets	30	Capital stock or trust principal, or current funds			30			
šš	31	Paid-in or capital surplus, or land, building, or equipment			31			
	32	Retained earnings, endowment, accumulated income, or	r other funds		32			
Net	33	Total net assets or fund balances		10,762,760	33	9,9		
	34	Total liabilities and net assets/fund balances		11,045,588	34	10,1	<u>37,</u>	<u>632</u>
<u>P</u>	art X	I Financial Statements and Reporting						
							Yes	No
1				Other		-		<u> </u>
28		ere the organization's financial statements compiled or rev	•	ntant?		2a		<u>X</u>
t		ere the organization's financial statements audited by an in	•			2b_	_X_	
•		Yes" to lines 2a or 2b, does the organization have a comm		·				
		e audit, review, or compilation of its financial statements a				2c	<u> </u>	
38		a result of a federal award, was the organization required	to undergo an audit or audits as	set forth in				١
		Single Audit Act and OMB Circular A-133?				3a		_X
) f "	Yes," did the organization undergo the required audit or a	udits?			3b_		Щ.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE DCH FOUNDATION

Employer identification number 63 - 0718581

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 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 federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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. c | Type III-Functionally Integrated Type I Type II d | Type III-Other 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (vi) Is the (ii) EIN (v) Did you notify (vii) Amount of (i) Name of supported (iii) Type of organization (iv) Is the organization organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section (i) organized in the col (i) of your governing document? (see instructions)) support? US? Yes No Yes No Yes No Total

63-0718581 Schedule A (Form 990 or 990-EZ) 2008 THE DCH FOUNDATION Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (e) 2008 (a) 2004 (b) 2005 (c) 2006(d) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 534.578 2,042,781 4,037,898 2,203,727 1,208,809 10,027,793 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 Total. Add lines 1-3 534,578 2,042,781 4,037,898 2,203,727 1,208,809 10,027,793 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 8 shown on line 11, column (f) 10,027,793 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1,208,809 10,027,793 7 Amounts from line 4 534,578 2,042,781 4,037,898 2,203,727 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,107,508 204,709 251,553 258,098 218,645 174,503 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) \$ \$\delta \epsilon \e 11,135,301 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 2,805,825 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 90 0541 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 87.0731 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % 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 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)	•		
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(2, 222)	(=/====	(0) ====	(),	(1, 2000	(v) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			·			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				<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						
8	Public support (Subtract line 7c from						
	line 6)					\$ 384 S	
	tion B. Total Support		1 (1) 2005				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	<u> </u>				 	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				,		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u>L </u>	<u> </u>			
14	First five years. If the Form 990 is for the	-	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	
<u> </u>	organization, check this box and stop here						
	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8		' -	ın (f))		15	%
16 Soc	Public support percentage from 2007 School D. Computation of Investme					16	%
	tion D. Computation of Investme			anluman (f))		147	
17 18	Investment income percentage for 2008 (Investment income percentage from 2007)		· ·	, column (t))		17	<u>%</u>
10 19a	33 1/3 % support tests—2008. If the orga			a 14 and line 15 is	more than 33 1/3		%
. Ja	17 is not more than 33 1/3 %, check this b						▶ [
b	33 1/3 % support tests—2007. If the orga		_				
	line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did	•	•	•		•	▶ □

Page 4

Schedule A (Form 990 or 990-EZ) 2008 THE DCH FOUNDATION 63 - 0718581

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 G

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open To Public

Inspection

Internal Revenue Service

Name of the organization

THE DCH FOUNDATION

Employer identification number 63 - 0718581

Part I Fundraising Activities. Complete i	f the organizat	ion a	nsw	ered "Yes" to For	m 990, Part IV, lii	ne 17.
Indicate whether the organization raised funds through Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization).	e Solicitation f Solicitation g Special fur with any individual (in connection with fundraisers) pursua	of no of go ndraisi includi profes	n-gov vernn ng ev ing of ssiona agree	ernment grants nent grants ents ficers, directors, truste al fundraising services ments under which the	o fundraiser is	Yes No
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	r have ody or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes			coi. (i)	
		_				
		<u> </u>			<u></u>	
					·	
Total			•			

v

formed to administer chantable gaming?

Sche	dule G (Form 990 or 990-EZ) 2008 THE DCH FOUNDATION	63-071858	1	Р	age 3
	•			Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %]		
b	An outside facility	13b %	1		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records:				,
	Name ►				٠
	Address ▶				:
15a	Does the organization have a contract with a third party from whom the organization receives gaming		<u>.</u>		-
	revenue?		15a		1
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the			
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address:				ı
С	ii ves, entername and address.		i		
	Name ▶				
					!
	Address ▶				į
					t
16	Gaming manager information:				
			İ		;
	Name ▶		}		İ
			}		l.
	Gaming manager compensation ▶ \$				•
					į
	Description of services provided ▶				
]		;
	Director/officer Employee Independent contractor		1		,
					ĺ
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
þ	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				1
	in the organization's own exempt activities during the tax year ▶ \$		1	ı	<u> </u>

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

ŝ ပ္ပ × Cancer Treatment Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant Pmt of overhead Pmts on behalf or assistance \ □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Fundraising Employer identification number non-cash assistance (g) Description of 63-0718581 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, (d) Amount of cash grant (e) Amount of non-cash assistance 1,984,298 276,130 19,272 95,004 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? THE DCH FOUNDATION AL 35401 AL 35401 AL 35401 AL 35401 (a) Name and address of organization DCH Regional Medical Center DCH Regional Medical Center DCH Regional Medical Center DCH Regional Medical Center or government 809 University Blvd E 809 University Blvd E 809 University Blvd E 809 University Blvd Name of the organization Tuscaloosa Tuscaloosa Tuscaloosa Tuscaloosa Part II Part

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 THE DCH FOUNDATION

Page 2 63-0718581

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 25,000 (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients 25 (a) Type of grant or assistance Scholarships Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Part IV

The Foundation does not give grants. It makes donations to DCH to support

various programs and awards scholarships to college students.

Schedule I (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Employer Identification number

	THE DCH FOUND	AT]	ON						63-071	8581
Part I Continu)irec	tors	s, T	rus	tees	, K	ey Employees, and	Highest Compensat	ed
(A) Name and Title	(B) Average hours per week	Pos	(C) Position (check all that apply)			hat ap	ply)	(D) Reportable	(E) Reportable compensation	(F) Estimated
	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mr. James Bro Past Presid.	oks 1	1		х				0	0	
Mr. Bryan Kir		1		1		\Box			<u> </u>	
Admin	1	+		X				0	0	(
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		+				H				
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SCHEDULE M (Form 990)

NonCash Contributions

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

Attach to Form 990.

2008

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE DCH FOUNDATION

Employer identification number 63-0718581

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues	 		
1	Art—Works of art							
2	Art—Historical treasures			[
3	Art—Fractional interests							
4	Books and publications	L						
5	Clothing and household							
	goods .							
6	Cars and other vehicles	X	1	12,000	Selling price			
7	Boats and planes							
8	Intellectual property							
9	Secunties—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests	:						
12	Securities—Miscellaneous	X	6	225,716	Fair Market Value)		
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential	X	_1	150,000	Opinion of expert	s		
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	X	1	12,950	Appraisal			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by	-	· · · · · · · · · · · · · · · · · · ·					
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29			
					r		Yes	No
30a	During the year, did the organization	receive by	y contribution any prope	ty reported in Part I, lines 1	-28 that			
	it must hold for at least three years f	rom the da	ate of the initial contribut	on, and which is not require	ed to be	- 1		- '
	used for exempt purposes for the en	itire holding	g penod?			30a		X
þ	If "Yes," describe the arrangement in	n Part II.						
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard				
	contributions?				ļ	31		<u>X</u>
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell no	on-cash			
	contributions?				ļ	32a		<u> X</u>
b	If "Yes," descлbe in Part II.					l		
33	If the organization did not report reve	enues in co	olumn (c) for a type of pr	operty for which column (a)	is checked,	l		
	describe in Part II.			 				

Schedule M (Form 990) 2008 THE DCH FOUNDATION

63-0718581

Page 2

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

Schedule M - Supplemental Information

The Foundation is reporting the number of noncash items received.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No 1545-0047
2008
Open to Public

Inspection

Employer identification number 63 - 0718581

THE DCH FOUNDATION

Form 990, Part III, Line 4d - All Other Achievements
To assist DCH Healtcare Authority in raising capital
towards a new Cancer Treatment Center
All Other Achievements

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Foundation personnel as well as Board members review the completed Form 990 to determine if any changes or corrections need to be made prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Prior to the Foundation entering into a transaction or arrangement, board
members are required to disclose any potential conflicts of interest.

After the individual discusses all the facts and answers any questions, he
or she then leaves the committee or board meeting while the
remaining members discuss and vote on whether a conflict of interests
exists. If the board or committee has reasonable cause to believe that a
member failed to disclose a potential or actual conflict of interest, it
will inform the individual and give him or her a chance to explain the
alleged failure to disclose. If the board or committee determines that the
member in fact failed to disclose a potential or actual conflict of
interest, it will take appropriate disciplinary action.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
All individuals who manage the Foundation are employed by DCH Healthcare
Authority. The Foundation does not have employees of its own nor does it

Schedule O (Form 990) 2008

Page 2

Name of the organization THE DCH FOUNDATION Employer identification number 63-0718581

have any role in compensation determination.

. . . .

Form 990, Part VI, Line 15b - Compensation Process for Officers

All individuals who manage the Foundation are employed by DCH Healthcare

Authority. The Foundation does not have employees of its own nor does it

have any role in compensation determination.

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the			File a separate application for each return.					
		tomatic 3-Month Extension	, complete only Part I and check this box		▶ X			
			Month Extension, complete only Part II (on page 2 of this f	orm).				
-	-		granted an automatic 3-month extension on a previously filed	•	8.			
Part I			of Time. Only submit original (no copies neede					
A corporation	required to file	Form 990-T and requesting	an automatic 6-month extension—check this box and compl	lete				
Part I only					▶□			
All other corpo	rations (includ	ding 1120-C filers), partnershi	ips, REMICs, and trusts must use Form 7004 to request an	extension of	of			
time to file inc	ome tax return	is.	•					
Electronic Fil	ing (e-file). Ge	enerally, you can electronical	ly file Form 8868 if you want a 3-month automatic extension	of time to	file			
one of the retu	ıms noted beld	ow (6 months for a corporation	on required to file Form 990-T). However, you cannot file For	m 8868				
electronically i	f (1) you want	the additional (not automatic	e) 3-month extension or (2) you file Forms 990-BL, 6069, or 8	3870, grou	Р			
			ead, you must submit the fully completed and signed page 2		f Form			
8868. For mor	e details on th	e electronic filing of this form	n, visit www.irs.gov/efile and click on e-file for Charities & No	nprofits.				
Type or	Name of Ex	empt Organization		Employ	Employer identification number			
print								
File by the due date for		CH FOUNDATION	201	<u> 63-0</u>	718581			
filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 809 University Boulevard							
return See								
instructions	Tuscal		ode. For a foreign address, see instructions. AL 35401					
Check type of		filed (file a separate applicati						
X Form 99		more (mo a ocparato appricat	Form 990-T (corporation)		Form 4720			
Form 99			Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227			
Form 99			Form 990-T (trust other than above)		Form 6069			
Form 99			Form 1041-A		Form 8870			
	• • •		- Tomm Fort X					
The books	are in the car	e of ▶ David Nol	aṇd	_				
Talanhana	No N 20	E. 242 024E	FAVAL. N					
_		5-343-8245	FAX No. ►		. □			
_		•	f business in the United States, check this box four digit Group Exemption Number (GEN)	If this is	• 🗀			
for the whole o	· ·	· —		. If this is				
•		Ns of all members the extens	· · · · · · · · · · · · · · · · · · ·	allacii				
			poration required to file Form 990-T) extension of time					
•		•	ation return for the organization named above. The extension	n is				
-	rganization's r							
▶ 🔲	calendar year	or						
▶ 🗓	tax year begin	or ning $10/01/08$, and (ending $9/30/09$.					
2 If this tax	k year is for les	ss than 12 months, check rea	ason. 📙 Initial return 🔃 Final return 🔃 Change	in accoun	ting period			
3a If this ap	nlination in for	Form 900-RI - 000 RE -000 1	T, 4720, or 6069, enter the tentative tax,	1				
•	•	e credits. See instructions.	1, 4720, or 6069, enter the tertative tax,	3a	\$			
•	plication is for		•					
•	s made. Inclu	3b	s					
	Due. Subtrac	"						
	with FTD coup							
	. See instruction			3c	\$			
Caution. If you	are going to	make an electronic fund with	drawal with this Form 8868, see Form 8453-EO and Form 8	879-EO				
for payment in	structions.							
For Privacy Ad	ct and Paperw	vork Reduction Act Notice,	see Instructions.		Form 8868 (Rev 4-2009)			