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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	_											
	For the	e 2008 calendar year, o	or tax year beginn	ing Oct 1	, 20	108, and endir	ng Sep	30		, 2009		
В	Check if applicable Address change RS label C Name of organization Please use RS label EVIT Education Foundation, Inc. 86-0953896											
	Add	ress change IRS label	EVIT Educat	tion Foun	dation, Inc	•		86-0	953	896		
	Nar	ne change or type.	Number and stree	t (or PO box if ma	Il is not delivered to stree	et addr) Room/s	suite	E Telepho	ne num	iber		
	\blacksquare	See I	1601 West	Main Stre	et		(480) 461-4025					
	-	Instruc- mination tions.	City, town or coun			ate ZIP code +						
	\vdash	l i		,		Z 85201		C		\$ 57,213.		
	Ħ		Mesa			03201	M(a) le thie	G Gross re a group return	_			
	L App		and address of principal		_		1 ''	affiliates incli		filiates? Yes X No		
			Barna 1601 West			AZ 85201		attach a list				
<u></u>		exempt status X 501	(c) (3)◀	(insert no)	4947(a)(1) or	527			_			
<u>J</u>	Web	site: ► N/A				, · · · · · · · · · · · · · · · · · ·		exemption nu	mber	···		
<u>K</u>		of organization Corpora	ation X Trust	Association	Other ►	L Year of Forma	tion 199	9 M s	tate of	legal domicile AZ		
Pa	rt I	Summary										
	1	Briefly describe the org	janization's missio	on or most sign	ificant activities	Provide F	inanci	<u>al Assi</u>	star	nce to Students.		
Ð												
J.												
Activities & Governance												
ŏ					ts operations or di	sposed of mo	re than 25	% of its as	sets			
g	3	Number of voting memb	bers of the govern	ning body (Part	VI, line 1a)		•	.	3	10		
9	4	Number of independent	t voting members	of the governin	g body (Part VI, lır	ne 1b)		ļ	4	10		
ŧ		Total number of employ		•					5	0		
ŧ		Total number of volunte						}	<u>6</u>	0		
⋖		Total gross unrelated be					•		7 a	0.		
	b	Net unrelated business	taxable income fr	rom Form 990-	Γ, line 34				7b			
							F	rior Year		Current Year		
Ф	8	Contributions and grant	ts (Part VIII, line 1	lh)				13,3	99.	23,201.		
Revenue		Program service reveni								7,334.		
e Ve	10	Investment income (Pa	art VIII, column (A)), lines 3, 4, an	d 7d)			8,7		2,745.		
Œ		Other revenue (Part VII						40,2	66.	18,885.		
	12	<u> Total revenue – add lir</u>	nes 8 through 11 ((must equal Pai	rt VIII, column (A),	line 12)		62,4	04.	52,165.		
	13	Grants and similar amo	ounts paid (Part I)	K, column (A), l	ines 1-3)			26,9	02.	44,670.		
	14	Benefits paid to or for r	members (Part JX	դ column (A), և	ne 4)							
_	15	Salaries, other compen	nsation employee	benefits (Part	IX, column (A), lin	es 5-10)			0.			
Expenses		Professional fundraisin		78								
ĕ			- W	_ 1		0						
ᄶ		Total fundraising expen	ises (Part IX, cold	αιτίη (D), line 25		0.						
		Other expenses (Part I						4,1		8,950.		
		Total expenses Addition			olumn (A), line 25)			31,0		53,620.		
_	19	Revenue less expenses	s, Subtract line 18	from line 12				31,3	<u>87.</u>	-1,455.		
8		1 0	GUE				Begi	nning of Y	ear	End of Year		
a de la	20	Total assets (Part-X, lir	ne 16)					200,7	45.	199,290.		
, Net Assets or Fund Balancos	21	Total liabilities (Part X,	, line 26)									
2.5°	22	Net assets or fund bala	ances Subtract lin	ne 21 from line	20			200,7	45.	199,290.		
Pa	rt II	Signature Bloc					•			-		
<i>3</i> —				camined this return	including accompanying	schedules and sta	atements, and	to the best o	f mv kr	nowledge and belief, it is		
•		Under penalties of perjury, true, correct, and complete	Declaration of prepare	er (other than officer) is based on all informa	ation of which prep	arer has any	knowledge	1	/		
^ឱ Siç	n	>		1/-	4			5/	14	110		
He	re	Signature of officer	The same of the sa	V			D:	ate	//			
5		 ▶ '	₹~~	CHA Cur	1.1							
<i>a</i>		Type or print name and	d title	CAPTEM	#//							
ğ		24.5.5.5.5.	-	<u> </u>		Date		Nh a als of	TF	Preparer's identifying number see instructions)		
∍ ∍Pa	id		AAA D			-/.	/ s	Check if elf-	\neg	see instructions)		
Pr		Preparer's	1/11/17	ベルル	1	5/14/	/0 °	mployed	Щ			
9	rer's	signature	my	avo	<u>'</u>	1-7.77						
Üs		Firm's name (or yours if self	el & Hal/1,	P.C.								
Or		employed), > 482	0 S. Mill-	we., Suit	e 101		E	IN ►				
		address, and ZIP + 4 Tem	pe		AZ 85	282	F	hone no	(48			
Ma	tho II	RS discuss this return v	with the proparer	shown above?	(coo instructions)					X Yes No		

	1990 (2008) EVII Education Foundation, Inc.	86-095389	Page 2
	t III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	Provide Financial Assistance to Students.		
2	Did the organization undertake any significant program services during the year which were not listed on 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 in how it conducts, any program services	? . 🗌	Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4		xpenses Sectio	n 501(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	cations to others	s, the total
	expenses, and revenue, if any, for each program service reported		
4 a	a (Code) (Expenses \$ 47,498. including grants of \$ 0.) (Ret	venue \$	52,165.)
	The Evit Education Foundation exists to help students who are in financial nee	d. The stud	ents submit a
	written application for payment of tuitions, books and class supply fees. Stude	nt attend th	e East Valley
	Institute of Technology and the financial assistance is paid directly to this educat	ional instit	ution, rather
	than directly to the student. Awards are determined on a case by case basis. The Foundat		
	otherwise be unable to attend classes, and complete their training	and educa	ation.
	EVIT Education Foundation provided financial assistance with over 200 scholarships awarded		
41	(Code) (Expenses \$ including grants of \$) (Re		
			-
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	<del></del>		
4	c (Code) (Expenses \$ including grants of \$) (Re	venue \$	)
	Total grants of P (100000)	· · · · · · · · · · · · · · · · · · ·	
		<del>-</del>	
	d Other manner and an Operation of Catalant (200)		<del></del>
40	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4	e Total program service expenses ▶ \$ 47,498. (Must equal Part IX, Line 25, column (B))		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the U.S?	14a		х
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u> </u>
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		17		X
18	g	18	X	
19	, , , , , , , , , , , , , , , , , , , ,	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 17 If 'Yes,' complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		<u>x</u>
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
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Form 990 (2008) EVIT Education Foundation, Inc.

Part IV. | Checklist of Required Schedules (continued)

			Yes	No_
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		x
t	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_ <u>x</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
BAA		Forn	n <b>990</b> (	(2008)

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Form 990 (2008)

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Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable . . . 0 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable ... c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return . . 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **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 **5** a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5Ь X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5 c Prohibited Tax Shelter Transaction? . 6a x 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6Ь deductible? X 7 Organizations that may receive deductible contributions under section 170(c). 7 a X a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? **7** f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 X excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. X 9a a Did the organization make any taxable distributions under section 4966? 9b X b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A.	Governing B	ody and i	vianageme	ent		<del></del>		<del> </del>			
	For each	n 'Yes' response to es, or changes in S	lines 2-7b l Schedule O	below, and fo See instructi	r a 'No' resp ons	oonse to line	es 8 or 9b below	, describe	e the circumstances,		Yes	No
1 a	Enter the	e number of voting	members o	f the governi	ng body			1 a	10			ĺ
b	Enter the	e number of voting	members ti	nat are indep	endent			1ь	10	<b>⊣</b> ∣		
2	Did any officer, d	officer, director, tru firector, trustee or	ustee, or key key employ	/ employee hee?	ave a family	y relationsh	p or a business 	relations	hip with any other	2		X
3	Did the o	organization delega rs, directors or trus	ate control o	ver manager employees	nent duties to a manage	customarily ement comp	performed by or any or other per	r under th	e direct supervision	3		x
4		organization make	-				-			4	Х	
	since the	prior Form 990 w	as filed?	_								
5	Did the c	organization becom	ne aware du	ring the year	of a materi	al diversion	of the organizat	tion's asse	ets?	. 5		<u> </u>
6	Does the	e organization have	members o	or stockholde	rs?					6		<u> </u>
7 a	Does the	e organization have ig body?	e members,	stockholders	, or other pe	ersons who	may elect one o	r more m	embers of the 	7a		_x_
b	Are any	decisions of the go	overning boo	ly subject to	approval by	members,	stockholders, or	other per	rsons? .	7b		<u> </u>
8	Did the o		mporaneous	ly document	the meeting	s held or w	ritten actions un	dertaken	during the year by			
а	The gove	erning body?								8a	х	
b	Each co	mmittee with autho	rity to act o	n behalf of th	ne governing	g body?				8b		х
9 a	Does the	e organization have	local chap	ters, branche	s, or affiliat	es?			,	. 9a		X
b	If 'Yes,' and bran	does the organizat nches to ensure the	ion have wr eir operatior	itten policies is are consis	and proced tent with the	ures governose of the or	ing the activities ganization?	of such	chapters, affiliates,	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990									10	х	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O								11		х		
Sec	tion B.	Policies										
											Yes	No
12 a	Does the	e organization have	e a written o	onflict of inte	rest policy?	' If 'No,' go	o line 13	•		12a	Х	
b	Are offic to confli	ers, directors or tri cts?	ustees, and	key employe	es required	to disclose	annually interes	its that co	ould give rise	12b		<u>x</u>
C		e organization regu e O how this is doi		nsistently me	onitor and e	nforce com	oliance with the	policy? If	'Yes,' describe in	12c		х
13	Does the	e organization have	e a written v	vhistleblower	policy?				•	13		x
14	Does the	e organization have	e a written o	locument rete	ention and d	lestruction p	olicy?	•		14	<u> </u>	X
15	Did the persons	process for determ , comparability dat	ining compe a, and cont	ensation of the emporaneous	e following substantiat	persons inc tion of the d	lude a review ar eliberation and (	nd approv decision:	al by independent			
		anization's CEO, E				nt official?				15a		X
t	Other of	ficers of key emplo	oyees of the	organization	?			•	•	15b	<b> </b>	Х
	Describe	e the process in Sc	hedule O. (	see instructio	ns)							
16 a		organization invest iring the year?	t in, contribi	ite assets to,	or participa	ate in a joint	venture or simil	lar arrang	jement with a taxable	16a		х
t	in joint v	has the organization venture arrangement of the respect to such	nts under a	oplicable fede	cy or procederal tax law,	dure requirir , and taken	ng the organizati steps to safegua	ion to eva ard the or	lluate its participation ganization's exempt	16b		
Sec		Disclosures	. arrangome			<del></del>	<u> </u>		<del>- · · · · · · · · · · · · · · · · · · ·</del>			
		states with which a	a copy of the	s Form 990 ı	s required to	o be filed >	Arizona					
	Section		organization	to make its I	Forms 1023	(or 1024 if	applicable), 990	, and 990	)-T (501(c)(3)s only) a	vailable	for pu	blic
		n website		r's website	x	- ' ' -	uest					
19	Describe stateme	e in Schedule O wh	nether (and public	ıf so, how) th	e organizat	ıon makes ı	s governing doc	cuments,	conflict of interest poli	cy, and	financ	al
20	State the	e name, physical a	address, and	i telephone n	umber of th	e person wl	no possesses the	e books a	nd records of the orga	anızatıor	۱.	
,	Organ	nization		1601 West 1	Main Stre	et Mes	a	_ <u>AZ</u>	85201 (	480)	<u>461-</u>	4191
BAA										Form	990	(2008)

Form 990 (2008)

BAA

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

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

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

X Check this box if the organization did not	compens	ate ar	y of			ector,	trus	tee, or key employee		
(A)	(B) (c) Average Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours		tion (					Reportable compensation from	Reportable	Estimated amount of other
	per week	andryich al frussee or director	anstitutional forstee	Officer	Key employee	Highest compensated employee	Forner	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Martin J. Whalen										
Secretary	0.00	Х						0.	0.	0.
Joe Zavislak Board Member	0.00	х						0.	0.	0.
Neil Barna Board President	0.00	x						0.	0.	0.
Michael Hughes									_	
Board Member	0.00	X		<u> </u>	<u> </u>			0.	0.	0.
Ronald Peters Board Member	0.00	х		}				0.	0.	0.
Carol McCormack	0.00		<del>                                     </del>		$\vdash$		┢╌			
Board Member	0.00	x						0.	0.	0.
Linda Somo			$\vdash$		-				,	
Board Member	0.00	x						0.	0.	0.
Ernest Garfield Chairman	0.00	x						0.	0.	0.
Martha Fleming								1		
Treasurer	0.00	х				<u>.                                    </u>		0.	0.	0.
Jason Pistello										
Board Member	0.00	х		ļ			<u>L</u>	0.	0.	<u>0.</u>
		-								
								-		<del> </del>
					_					
										<del>-</del>

TEEA0107 04/24/09

Par	t VIII   Statement	of Revenue						
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues c Fundraising even d Related organiza e Government grants (c f All other contributions similar amounts not i g Noncash contribus inc h Total. Add lines	tts ttons ontributions) s, gifts, grants, and ncluded above	1a 1b 1c 1d 1e 1f \$	23,201.	23,201.			
	11 Total: Add lines	10-11	Bus	iness Code	23/202.			· · · · · · · · · · · · · · · · · · ·
품	2a Holiday Luncheon	- But on his Cultin			2,588.	2,588.	0.	0.
짍	b Scholarshi		6117		4,746.	4,746.	0.	0.
PROGRAM SERVICE REVENUE								
<u> </u>	ر ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ							
S E	<u>"</u>						<del></del>	<del></del>
<u> </u>	e							
õ	f All other program		٠	<u> </u>	7 224			
-	g Total. Add lines 2	·		•	7,334.			
	<ul><li>3 Investment incomother similar amo</li><li>4 Income from investigation</li></ul>	ne (including dividents) estment of tax-exe		<b>&gt;</b>	2,745.	0.	0.	2,745.
	5 Royalties	<u>,</u>	····	<u> </u>				
		(i) Rea	al (i	i) Personal	ļ			
	6a Gross Rents							ļ
	<b>b</b> Less: rental expe	enses						
	c Rental income or (los	s)						
	d Net rental income	e or (loss) .		<b>•</b>				
	7a Gross amount from sassets other than inve		ities	(ii) Other				
	<b>b</b> Less: cost or other ba and sales expenses	asis						
	c Gain or (loss)							
	<b>d</b> Net gain or (loss	)	<del></del>			<del></del>	·- <u></u> -	
OTHER REVENUE	8a Gross income fro (not including \$	om fundraising even  eported on line 1	l					
Æ	See Part IV, line	•	^{-).}	23,933.				
벁				5,048.	1			
5	<b>b</b> Less direct expe		D	5,040.	18,885.	18,885.	0.	0.
	•	•	, L.		10,005.	10,003.		
	9a Gross income fro See Part IV, line	om gaming activiti	es.					
	<b>b</b> Less: direct expe		ъ <u> —</u>		1			
	c Net income or (le		~					
	10a Gross sales of in and allowances		rns					
	<b>b</b> Less: cost of goo	nds sold	. a		1			
	c Net income or (le		· L.					
		oss) from sales of ous Revenue		iness Code	-			-
	33 -	<u>:</u>		633 COUR				
			T		<del> </del>	<del></del>	<del></del>	-
	b	<del></del> -			<del> </del>		<del></del>	<del> </del>
	·						<u> </u>	<del> </del>
	d All other revenue							ļ. ————
	e Total. Add lines	11a-11d		•	ļ			ļ
	12 Total Revenue. A 10c, and 11e	Add lines 1h, 2g,	3, 4, 5, 6d, 7	⁷ d, 8c, 9c, ▶	52,165.	26,219.	_0.	2,745.

Form 990 (2008) EVIT Education Foundation, Inc.

Part IX | Statement of Functional Expenses

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

All other organizations must complete	e column (A) but are not re	equired to complete columns (B).	(C), and (D).
An other organizations mast complete	,:-:::: ( :, ==: =: -: :: :: : :	, qui, ou to compress continue (2),	(-), (-).

Do r	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV,		expenses	_ general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	44,670.	44,670.		
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				<del>-</del>
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				<del></del>
b	Legal .		,	- <del></del>	<del>-</del>
c	: Accounting	975.	0.	975.	0.
C	Lobbying .				<del></del>
e	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees .		<u></u>		
ç	Other	1,000.	0.	1,000.	
12	Advertising and promotion				
13	Office expenses	9.	0.	9.	0.
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy .				
17	Travel			· · · · · · · · · · · · · · · · · · ·	<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	151.	0.	151.	0.
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.)				
	Annual Fee	10.	0.	10.	0.
ı	Property Tax on Land in California	2,074.	0.	2,074.	0.
	Bank Fees	15.	0.	15.	0.
	Misc Expenses	147.	0.	147.	0.
•	Holiday Luncheon Expense	2,828.	2,828.	0.	0.
1	All other expenses	1,741.	0.	1,741.	0.
_25	Total functional expenses. Add lines 1 through 24f	53,620.	47,498.	6,122.	0.
26	Joint Costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA			· · · · · · · · · · · · · · · · · · ·		Form 990 (2008)

		. Bulance onect	<del></del>	-	(A) Beginning of year		(B) End of y	ear
	1	Cash - non-interest-bearing		. 1	5,247.	1		5,165.
	2	Savings and temporary cash investments		.	110,718.	2		0,610.
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule L	s, trustees,	key employees,		5		
	6	Receivables from other disqualified persons (as define	d under se	ction 4958(f)(1))				
		and persons described in section 4958(c)(3)(B). Comp				6		
ASSETS	7	Notes and loans receivable, net				7		
S	8	Inventories for sale or use				8		
T S	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment cost basis	10a	30,000.				
		Less accumulated depreciation Complete Part VI of						Í
		Schedule D	10Ь	o.	30,000.	10 c	3(	0,000.
	11	Investments – publicly-traded securities .			54,780.	11		3,515.
	12	Investments – other securities See Part IV. line 11		· •		12		
	13	Investments – program-related. See Part IV, line 11		ľ		13		
	14	Intangible assets .	•	ļ	<del></del>	14		
	15	Other assets See Part IV, line 11		Ì	<u> </u>	15		
	16	Total assets Add lines 1 through 15 (must equal line 3	34)	· · ·	200,745.	16	199	9,290.
	17	Accounts payable and accrued expenses	<del>0 1</del> )	-1-111111	2007,131	17		<del>,, _, _,</del>
	18	Grants payable		•		18		
	19	Deferred revenue		·		19		
Ļ	20	Tax-exempt bond liabilities		-		20		
Ā	21	Escrow account liability. Complete Part IV of Schedule	, D	-		21		
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	tees, key e	mployees, blete Part II				
Ţ		of Schedule L				22		
E S	23	Secured mortgages and notes payable to unrelated thi	rd parties			23		
	24	Unsecured notes and loans payable	•			24		
	25	Other liabilities Complete Part X of Schedule D				25		
i	26	Total liabilities. Add lines 17 through 25			0.	26	-	0.
N		Organizations that follow SFAS 117, check here ▶	X and co	omplete lines	· <u>-</u>			
N E T		27 through 29 and lines 33 and 34.		,				
AS	27	Unrestricted net assets		. [	100,745.	27	9:	9,290.
Ę	28	Temporarily restricted net assets				28		
ş	29	Permanently restricted net assets			100,000.	29	10	0,000.
R		Organizations that do not follow SFAS 117, check hel	re ► 「	and complete				
F.		lines 30 through 34.	_	·				
F)ZO	30	Capital stock or trust principal, or current funds.		ļ		30		
Ř	31	Paid-in or capital surplus, or land, building, and equip	ment fund			31		
Ê	32	Retained earnings, endowment, accumulated income,		nds .		32		
BALAZCES	33	Total net assets or fund balances.			200,745.	33	19	9,290.
Š	34	Total liabilities and net assets/fund balances.			200,745.	34		9,290.
Pa	rt X	Financial Statements and Reporting		· · · · · ·				
							Y	es No
1	Ac	counting method used to prepare the Form 990:	Cash	Accrual	Other			
2	a We	ere the organization's financial statements compiled or r	eviewed by	an independent ac	countant?		2a	х
		ere the organization's financial statements audited by ar	-	· · ·			2b	х
	c If "	Yes' to 2a or 2b, does the organization have a committed view, or compilation of its financial statements and select	ee that assu	umes responsibility	for oversight of the auditant?	lıt,	2c	
3	a As	a result of a federal award, was the organization requir	ed to unde	rgo an audit or audi	ts as set forth in the Si	ngle		
		dit Act and OMB Circular A-133?					3a	_ <del>  x</del> _
BA	_	Yes,' did the organization undergo the required audit or	audits?		<u> </u>		3b Form 9	90 (2008)

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

2008

Open to Public Inspection

Employer identification number Name of the organization EVIT Education Foundation, Inc. 86-0953896 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization ) A church, convention of churches or association of churches described in section 170(bX1XAXi). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or 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 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III ) An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 III - Other h Type II a | Type I 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (lii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col. (i) of (vli) Amount of Support (i) Name of Supported Organization (li) EIN (iv) Is the (vi) is the organization in col (i) organized in the US? rganization in col your support? (see instructions)) governing document? Yes No Yes No Yes Total

<u> </u>	(Complete only if you checke	_		-		ע וייט(טאַניואָראַע	<b>,</b> ,,		
Sec	tion A. Public Support	d the box of the c	5, 7, 67 6 G17 G17	·/			<del></del>		
	ndar year (or fiscal year nning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	37,583.	7,500.	9,750.	13,399.	23,201.	91,433.		
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	12,000.	15,000.	15,000.	15,000.	15,000.	72,000.		
4	Total. Add lines 1-3	49,583.	22,500.	24,750.	28,399.	38,201.	163,433.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4				i.		163,433.		
	tion B. Total Support	Г							
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
7	Amounts from line 4	49,583.	22,500.	24,750.	28,399.	38,201.	163,433.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,872.	3,619.	6,554.	8,739.	2,745.	23,529.		
9	Net income form unrelated business activities, whether or not the business is regularly carried on				-				
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV).	9,815.	23,895.	18,023.	40,266.	26,219.	118,218.		
11	Total support. Add lines 7 through 10						305,180.		
12	Gross receipts from related activ	ities, etc (see inst	ructions)	•		. 12	<del></del>		
13	organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	►□		
	tion C. Computation of Pu			<del></del>		<del></del>			
	Public support percentage for 20 Public support percentage for 20		•	11, column (f)	•	14	53.55 % 68.28 %		
16 a	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did r qualifies as a publi	not check the box icly supported org	on line 13, and than an and the anization.	ne line 14 is 33-1/	3 % or more, chec	k this box . ► 🕱		
ŀ	b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	a 10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts	meets the 'facts-an	d-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	0% how ► □		
	b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organiz	zation did not chec	k a box on line, 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see instru	uctions -		

86-0953896

Part III. | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Calendar year (or listal yr beginning m)*  (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total  (a) 2007 (e) 2008 (f) Total  (b) Total  (c) Cross recepts from admissions, metchanicles sold recepts from admissions, metchanicles sold recepts from admissions of the companion of	<u>Sec</u>	tion A. Public Support									
2 Gross receipts from admissions, metchandes cold admissions, metchandes cold admissions, metchandes cold admissions, metchandes of programation's lax-exempt organization's lax-exempt organization's lax-exempt organization's lax-exempt and admission admission and admission and admission admission and admission and admission and admission admission and admission admission admiss			(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008		(f) Total		
2 Gross receipts from admissions, metchandes cold admissions, metchandes cold admissions, metchandes cold admissions, metchandes of programation's lax-exempt organization's lax-exempt organization's lax-exempt organization's lax-exempt and admission admission and admission and admission admission and admission and admission and admission admission and admission admission admiss	1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')			•						
3 Gross recepts from activities that are not an unrelated trade or business under section 131 and 12 cells between the section 131 and 12 cells and the section 131 and 13 cells are section 131 and 13 cells and the section 131 and 13 cells are section 131 and 13 cells and the section 131 and 13 cells are section 131 and 13 cells and	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt									
organization's benefit and either pard to or expended on its behalf  The value of services or governmental unit to the organization's trial, and times a part of the part of t	3	Gross receipts from activities that are not an unrelated trade or business									
facilities furnished by a governmental unit to the organization without charge governmental unit to the organization of Justice and property of the programment of the pro		Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
7 a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the sear of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 7 a and 70 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 10 a and 10 secret of \$5,000 c Add lines 1	5	facilities furnished by a governmental unit to the					<del></del>				
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 7 and 7 b	7 a	Amounts included on lines 1, 2, 3 received from disqualified persons									
8 Public support (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscally r beginning in)   (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources   b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   c Add lines 10a and 10b   1 Net income from unrelated business activates into included inline 10b, whether or not be business is regularly carned on   20 Other income Do not include gain or loss from the sale of Part IV assets (Carplain in Part IV assets (Carplain of Public Support Percentage   15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))   15		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									
Section B. Total Support  Calendar year (or fiscal yr beginning in)   9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included inline 10b, whether or not the business is acquired in on the business is acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated 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. (edd ins 5, 10, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  19 a 33-1/3 support tests – 2008. (If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organizat	c	Add lines 7a and 7b									
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Section C. Computation of Public Support Percentage  15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  19 a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • □	14			ition's first, second	d, third, fourth, o	r fifth tax year as a	a section 501	(c)(3)	►□		
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	33-1/3 support tests - 2007. If the is not more than 33-1/3%, check	ne organization did this box and <b>stop</b>	d not check a box here. The organiz	on line 14 or 19a zation qualifies as	, and line 16 is mo a publicly suppor	ore than 33-1 ted organiza	tion	line 18 ► □		
	20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	4, 19a, or 19b, ch	eck this box and s	ee instruction	ns	<u> </u>		

Schedule	A (Form 990 or 990-EZ) 2008	EVIT Education	Foundation,	Inc	86-0953896	Page 4
Part IV.	Supplemental Informa Part II, line 17a or 17b	tion. Complete this p or Part III, line 12.	part to provide the Provide any other	e explanation requer additional inform	uired by Part II, line nation. (see instruction	10; ons)
Other	Income Part II, Li	ne 10				
Descri	iption: Holiday Lun	cheon - Put on b	oy_Culinary_S	chool		
2004:	<u> </u>			·		
2005:	<u> </u>			- <b>-</b>		
2006:	· <u>· · · · · · · · · · · · · · · · · · </u>			<b>-</b>		
2007:	0			· <b></b>		
2008:	2588.					
Descri	iption: Scholarship	Refunds				
2004:	<u> </u>					
2005:	428					
2006:	<u>. o</u>					
2007:	0					
2008:	4746.					
Descri	iption: Fundraising	Events				
2004:	9815.					
2005:	23467.					
2006:	18023.					
2007:	40266.			· <b></b>		
2008:	18885.					
	<del>-</del>					
	·					

#### SCHEDULE D (Form 990)

## Supplemental Financial Statements

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number EVIT Education Foundation, Inc. 86-0953896 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a 2Ь b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable vear ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 EVIT Part III. Organizations Mainta				86-095 Other Similar Ass		ntınu	Page <b>2</b> <i>ed</i> )
3 Using the organization's accession that apply)							
a Public exhibition		<b>d</b> Loan or	exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the organ Part XIV.					ın		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be m	aintained as part of the	ne organization's collec	tion?	Yes		No_
Part IV Trust, Escrow and Cu IV, line 9, or reported	ustodial Arrang an amount on	gements Complet Form 990, Part )	te if organization a K, line 21.	inswered 'Yes' to F	Form 99	0, Pa	art
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary for	contributions or other	assets not	Yes		¬No
<b>b</b> If 'Yes,' explain the arrangement					☐ 1e3	L	7110
bili res, explain the arrangement	III Fait Aiv and Co	implete the following	lable.		Amount		
c Beginning balance.				1c	Aniount		
d Additions during the year		• •	•	1 d			
e Distributions during the year	•			1 e			
· · ·				1f			
<ul><li>f Ending balance</li><li>2a Did the organization include an a</li></ul>	mount on Form 00	0 Part V line 212			Yes		No
<b>b</b> If 'Yes,' explain the arrangement		0, Fart A, IIIIe 21: .			☐ 1es	L	_ 140
Part V Endowment Funds Co		nization answered	'Yes' to Form 99	0 Part IV line 10		•	
Tart V Lindowincht Lands oc	(a) Current year	(b) Prior year	(c) Two years back			ur years	s hack
1 a Beginning of year balance	(a) current year	(b) i noi year	(c) Two years back	(d) Three years back	1 (6)10	ur your.	J Dack
<b>b</b> Contributions			<del></del>		<del> </del>		
c Investment earnings or losses							
d Grants or scholarships			<del></del>				
e Other expenditures for facilities					<del> </del>		
and programs							
f Administrative expenses							
g End of year balance							i
2 Provide the estimated percentage	e of the year end b	alance held as					
a Board designated or quasi-endov	<del>-</del>	%					
<b>b</b> Permanent endowment ►	*						
c Term endowment ►	*						
3a Are there endowment funds not i organization by:	n the possession o	f the organization tha	at are held and adminis	tered for the	Г	Yes	No
(i) unrelated organizations					3a(i)	103	-110
(ii) related organizations		•	•		3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related of	reanizations listed	as required on Soho	dula D2		3b		
4 Describe in Part XIV the intended	-	•			30		<u> </u>
Part VI Investments—Land, E				line 10			
Description of investmen		Cost or other basis	(b) Cost or other	(c) Depreciation	(4) B	ook Va	aluo
Description of investmen	(a)	(investment)	basis (other)	(c) Depreciation	(u) B	JUK V	
1 a Land		30,000.				30,	,000.
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment .							
e Other							
Total. Add lines 1a-1e (Column (d) she	ould equal Form 99	00, Part X, column (B	), line 10(c).)	•		30	,000.

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Schedule **D** (Form 990) 2008

Part VII	Investments-Other Securities See	Form 990, Part X, line 12	<u>)                                    </u>
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d	lerivatives and other financial products .		
Closely-he	ld equity interests		
Other			
		_	
		_	
	<del>_</del>		
	<del>_</del>		
		-	
	mn (b) should equal Form 990 Part X, col (B) line 12)  Investments—Program Related (Se	o Form 990 Part X June 1	13)
Part VIII			<del></del>
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	<del> </del>		
	-		
	·······		
	, (2)(0.000.000.000)	<u> </u>	
Part IX	Other Assets (See Form 990, Part )		
	(a)	Description	(b) Book value
<del></del>			
		_	
	<del>.</del> .		
Total. Colu	umn (b) Total (should equal Form 990. Part X.	col.(B), line 15)	<b>D</b>
Total. Colu	umn (b) Total (should equal Form 990, Part X, o		<b>P</b>
	Other Liabilities (See Form 990, Pa		<b>&gt;</b>
Part X		rt X, line 25)	<b>&gt;</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>&gt;</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	<b>P</b>
Part X	Other Liabilities (See Form 990, Pa (a) Description of Liability	rt X, line 25)	
Federal Inc	Other Liabilities (See Form 990, Pa  (a) Description of Liability come Taxes	rt X, line 25)  (b) Amount	<b>&gt;</b>
Federal Inc	Other Liabilities (See Form 990, Pa (a) Description of Liability come Taxes	rt X, line 25)  (b) Amount	t reports the organization's liability for uncertain tax

Schedule D (Form 990) 2008 EVIT Education Foundation, Inc.

positions under FIN 48

86-0953896

Page 3

Sche	edule D (Form 990) 2008 EVIT Education Foundation, Inc.	86-0953896	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. [	
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses	. [	
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
á	Net unrealized gains on investments		
ŀ	Donated services and use of facilities . 2b		
•	Recoveries of prior year grants . 2c		
•	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
	b Prior year adjustments 2b		
	c Losses reported on Form 990, Part IX, line 25	<del></del>	
	d Other (Describe in Part XIV)		
٠,	e Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	a Investments expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  4b		
	Addition As and Alb	4c	
	Total expenses. Add lines <b>3</b> and <b>4c</b> (This should equal Form 990, Part I, line 18)	5	
	rt XIV   Supplemental Information		
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	IV, lines 1b and 2b; Pa	rt V,

TEEA3304 12/23/08

Schedule **D** (Form 990) 2008

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#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047 2008

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization 86-0953896 EVIT Education Foundation, Inc. Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table. (v) Amount paid to (vi) Amount paid to (or retained by) (III) Did fundraiser (or retained by) (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control of contributions? fundraiser listed in or entity (fundraiser) from activity organization col (ı) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		G (Form 990 or 990-EZ) 2008 EVIT Ed			86-09:			age 2
Par	( II ·}	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ, line 6	a. List events with	gross receipts grea	ne 18, or ater than	\$5,00	0
В			(a) Event #1  Breakfast Fundraise  (event type)	(b) Event #2  NONE (event type)	(c) Other Events NONE (total number)	(Add col.	al Even (a) thro	
REVERUE	1	Gross receipts .	23,933.				23,9	33.
•	2	Less: Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	23,933.			<u></u>	23,9	33.
	4	Cash prizes						
D I R	5	Non-cash prizes						
C T E	6	Rent/facility costs						
D-RECT EXPESSES	7	Other direct expenses .	5,048.				5,0	48.
S E S		Direct expense summary Add lines 4- th	•		<b>•</b>			48.
Par		Net income summary Combine lines 3 ar <b>Gaming.</b> Complete if the organization		a' to Form 000. Do	rt IV June 10 or re	norted m	18,8	
rai	(111)	\$15,000 on Form 990-EZ, line 6a		5 to Form 990, Fa	rt iv, line 15, or re	porteu m		<u></u>
#CZ#<##			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col.	al gamıı (a) thro I (c))	ng ough
E	1	Gross revenue						
E	2	Cash prizes						
DIRECT	3	Non-cash prizes				<u> </u>		
C S	4	Rent/facility costs .						
	5	Other direct expenses .	<b>—</b>					
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine li	nes 1 and 7 in column (	(d)	<u> </u>	. <u> </u>	YES	<u> </u>
		er the state(s) in which the organization opine organization licensed to operate gaming			· · · · · · · · · · · · · · · · · · ·	9;		NO
t	) If 'N	o,' Explain [.]				]		
		e any of the organization's gaming licenseses,' Explain	s revoked, suspended o	r terminated during the	tax year?	10:	3	
11	 Doe	s the organization operate gaming activitie	s with nonmembers?	·			-	
12	ls th	ne organization a grantor, beneficiary or truninister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12		

Schedule G (Form 990 or 990-EZ) 2008 EVIT Education Foundation, Inc.	86-0953896	_ P	age 3
,		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
<b>b</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 [.] ►			
Address:			1
15 a Does the organization have a contact with a third party from whom the organization receives gaming	·	a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			
Name. ►		1	]
Address· ►			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided:			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?	eds to retain the	'a	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations	or spent in the		
organization's own exempt activities during the tax year 🕨 💲			
BAA TEEA3703 07/18/08	Schedule G (Form 990 or	990-EZ	2008

CCHEDIII E I		2	nte and Oth	+ Operation A	Organization	ı		OMB No 1545-0047
(Form 990)		5	Governmen	Governments and Individuals in the U.S.	als in the U.S.	î		2008
Department of the Treasury Internal Revenue Service		► Complet	e if the organizatio	<ul><li>Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.</li><li>Attatch to Form 990.</li></ul>	orm 990, Part IV, lines ;	21 or 22.	<u> </u>	Open to Public Inspection
Name of the organization	le organization หลังเกอมีเด็ก หิดมหลัดมีเด็ก ไทด	,					Employer identification number 86 - 0953896	ation number
ľ	1,51	s and Assistar	ıce					
1 Does the organizathe selection crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	substantiate the arants or assistance?	mount of the grants Ing the use of gran	the grants or assistance, the grantees' eligibility for the grants or assistance, and see of grant funds in the United States.	ntees' eligibility for the gates.	grants or assistance, a	and	X Yes No
IZI	Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governmer ecipient that rei m 990) if additi	its and Organizate or the onal space is responding to the onal space is responding to the organizate or the organizate organizate or the organizate	I Organizations in the United States. Complete if the organization answered 'Yes' on Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	ed States. Complethis box if no one r	e if the organizat ecipient received	ion answered 'Y more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	ss of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number	Enter total number of section 501(c)(3) and government organization	d government orga	anizations					
ے ا	and Denominary Doduction	Act Motice cost	he Instructions for	ctions for Form 990	TEFA3901 12/19/08	12/19/08	Sche	Schedule I (Form 990) 2008

Page 2 (Form 990) 2008 EVIT Education Foundation, Inc.

| Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 86-0953896 Schedule I (Form 990) 2008

Part III | Grants and O

(f) Description of non-cash assistance					provide the information required in Part I, line 2, and any other additional information.		arship Committee and	ship_funds	are paid directly to the the school for assistance with tuition, books and other education fees				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(e) Method of valuation (book, FMV, appraisal, other)					rt I, line 2, and any oth	scholarships/grants_to_eligible_students_of_EVIT.	arships are reviewed and awarded by the Scholarship Committee	presented before the Board of Trustees for final approval. The scholarship funds	Luition, books			                         	! ! ! ! ! ! !		
(d) Amount of non-cash assistance					tion required in Pa	ts_to_eligible	iewed and awa	<u>r_final_appro</u>	sigtance with			 	   1	1	
(c) Amount of cash grant	44,670.				rovide the informa	olarships/gran	rships are rev	of Trustees fo	e school for a		           	             	 		
(b) Number of recipients	200				olete this part to p	provides sch		ore the Board	tly_to_the_th	 	             	[               	 		             
(a) Type of grant or assistance	SCHOLARSHIPS FOR TUITION/BOOKS/OTHER FEES				Part IV Supplemental Information. Complete this part to	Pt_I Line_2The_Foundation_provides	Pt_I Line 2All_applications for schol	Pt_I_Line_2presented_before	Pt_L Line_2are_paid_dire						

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Schedule I (Form 990) 2008

#### SCHEDULE Ó (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

EVIT Education Foundation, Inc.	86-0953896
Pt VI-A, Line 10 The Form 990 is provided to the Board President for review and filing. The Form 990	is then presented to the Board as a whole.
Pt VI-B, Line 15 The Foundation does not have any paid employees	3 <u>-</u>
Pt_VI-C, Line 19 The Foundation provides its organizing documents and Form 990 to an	individual upon written request.
Pt VI-A, Line 4 The Foundation changed the requirement requiring	ng an annual audit.
Pt VI-A, Line 8 Committee meeting are not documented by written	n minutes.
Pt VI-B, Line 12c	

110,718.

# Supporting Statement of:

Total

# Form 990 p 11/Line 2, column (A)

Description	Amount
CD#1	63,561.
CD#2	25,257.
CD#3	7,300.
CD#4	7,300.
CD#5	7,300.