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Form 990

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to Public
Inspection

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

	A F	or th	ne 2008 calendar year, or tax year beginning $12/01$, 2008, and ending		30 , 20 09
	B c	heck if ap	popicable Please C Name of organization BOYS AND GIRLS CLUB TRUST FUND	D Employer identification	tion number
	Г	Addre	use IRS Doing Rusiness As	23-7087714	
		7	change print or Number and street (or P O box if mail is not delivered to street address) Room/s	suite E Telephone number	
		Initial	type. Iroturn See 1410 N FREMONT	(417)837-52	264
		Term	Specific Instruc- City or town, state or country, and ZIP + 4		
		Amer	inded tions CDDINCTITID MO 65800	G Gross receipts \$	1,111,672.
	-		F Name and address of principal officer DITT HARDIE	H(a) Is this a group return	
	Щ.	_ pendi	1410 N FREMONT SPRINGFIELD, MO 65809	affiliates? H(b) Are all affiliates include	
	_	Tay-ey	rempt status	If "No," attach a list (
			ite: N/A	H(c) Group exemption num	•
				formation 1952 M State of	
	_	rt I	Summary	51111dilon 1952 M	l Jegal domicile MO
	1 6				····
		1	Briefly describe the organization's mission or most significant activities		
	9		THE ORGANIZATION WAS FORMED TO SUPPORT THE OPERATIONS OF		_
	nan		GIRLS CLUB OF SPRINGFIELD, AN EXEMPT ORGANIZATION.		
	Governance	١_		050/ //	
		1 _	Check this box If the organization discontinued its operations or disposed of more than		
	∞ 5	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
2	Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		5
2010	ξį	5	Total number of employees (Part V, line 2a)		NONE
9	Ac	6	Total number of volunteers (estimate if necessary)	6	5
-		7 a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
		_b	Net unrelated business taxable income from Form 990-T, line 34		
APR				Prior Year	Current Year
	e	8	Contribution and grants (Part VIII, line 1h)		31,000.
SCANNED	ne.	9	Program service revenue (Part VIII, line 2g)		_NONE
	Revenue	10	Investment income (Part VIII, column (A), times 3, 4, and 7d)	236, 375.	178,601.
4	Œ	11	Other revenue (Part VIII, column (A), lines 5, 60 (C) ps, 10c, and 11e)		NONE
			Total revenue - add lines 8 through 11 (myst equal Pert VIII) column (A), line 12)	236, 375.	209,601.
(D)		13	Grants and similar amounts paid (Part 180 column (A), lines 1-31	335, 947.	320,820.
Ŵ		14	Benefits paid to or for members (Part X column (A), (Reg4)2018		NONE
	un.	15	Salaries, other compensation, employee benefits (Part IX, column (A), larges 5-10)	19, 397.	NONE
	Se		Professional fundraising fees (Part IK, column (A), tipe 11e)	13/35/.	NONE
	per		Total fundraising expenses, Part IX, column (D); Inc. 25)		NONE
	Ä		Other among (Part IV column (A) lines 11a 11d 146 246	4, 355.	21,017.
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		
		1	Revenue less expenses Subtract line 18 from line 12	359,699.	341,837.
	- S	19	Revenue less expenses Submactime to nom me 12	-123, 324. Beginning of Year	-132, 236. End of Year
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)		
	Sala	20		5,191,218.	5,058,983.
	a d	21	Total liabilities (Part X, line 26)	T 101 010	
			Net assets or fund balances Subtract line 21 from line 20	5,191,218.	5,058,983.
	Ρā	rt II	Signature Block		
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedule and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on a	es and statements, and to the	best of my knowledge
	_	•	(Man VI Wenish-	7 7	<i>A</i> .—
		ign	Signature of officer	N J J	7-/2
	п	ere	William Hardie. Trust Chairman	Date	
			Type or print name and title	10	d==1.f======+==
	Paid		Preparer's Date Check self-	ck if Preparer's i	dentifying number tions)
		oarer's	signature Brian D /. dd, CPA 3/4/10 emp	loyed 🕨	·
		Only	Firm's name (or yours of self-employed), BKD, LLP	EIN ►	
			address, and ZIP + 4 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523	Phone no ► 41	7 865-8701
	May	the I	RS discuss this return with the preparer shown above? (See instructions)		X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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00 VO MK K929 02/02/2010 16:57:32 VO8-8.3 90713



4d Other	program services	(Describe in	Schedule O.

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(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶\$ 320, 820. (Must equal Part IX, Line 25, column (B))

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		_ X _
5	Sections 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		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		-	
	Parts VI, VIII, IX, or X as applicable	11		х
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
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	21	X_	
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	_	Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	-		
	Schedule J	23		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," answer questions	İ		
	24b-24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	ļ	-
25a	****	}	1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>

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Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 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. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
_	gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			!
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE		_	
b	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			نـــــــــــــــــــــــــــــــــــــ
	this return?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	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.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.0		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		l ,
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	70		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7 e		X
	benefit contract?	7f	-	X
T	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?	. 9_	-	_
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			i i
a	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • •	12a		<u></u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L		
		Form	990	(2008)

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 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? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8Ь 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? 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 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** No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official? 15a 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 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website | X | 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. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ▶THE COMMERCE TRUST COMPANY 1345 E BATTLEFIELD SPRINGFIELD, MO 65804

417-837-5360

8

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

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

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

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

Check this box if the organization did not com	pensate ar	ny offic	cer,	dıre	ecto	r, trus	tee	, or key employee.		
(A) Name and Title	(B) Average hours per week	ज्ञ Individual trustee P or director	nstitutional trustee		Key employee	a Highest compensated employee	Former	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		ustee	trustee		8	pensated	:	(W-2/1099-MISC)		organization and related organizations
BILL HARDIE CHAIRMAN	1.	х		х				NONE	NONE	NONE
JIM MCLEOD TRUSTEE	1.	Х						NONE	NONE	NONE
HARRY COOPER TRUSTEE	_ 1	Х						NONE	NONE	NONE
CHUCK BACHUS TRUSTEE	1.	Х						NONE	NONE	NONE
DAVID O'REILLY TRUSTEE	11	x						NONE	NONE	NONE
	_									
	-						_			
				_						
					i					
							_			 .
				_			_			
	-						1	1		

JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employe	es (c	ontınue	d)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensat from relate organizatio (W-2/1099-M	ion ed ins	ame comp fro	imated ount of other pensation the	ion
		stee	rustee		6	pensated		(**-2/1099-18/13C)	:		and	nizatio relate nizatio	:d
												-	_
							ļ						
1b Total							<u> </u>			NONE			NON:
2 Total number of individuals (including those organization ► NONE	e in 1a) v	vho r	ece	iveo	ım	ore t	han	1 \$100,000 in re	portable com	ipensa	ation fr	om t	ne
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the the organization and related organizations													
ındividual											4		Х
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5	-	X
Section B. Independent Contractors													
1 Complete this table for your five highest compensation from the organization	compensa	ted in	dep	eno	dent	con	trac	ctors that received	d more thar	, \$10 	0,000 	of ——	_
(A) Name and business add	ress	_						(B) Description of se	rvices	c	(C) ompens	ation	
NONE							+				_		
							#						
		-					+		-				
2 Total number of independent contractors (in compensation from the organization ▶	ncluding t	hose	ın	1) v	who	rece	eive	d more than \$10	0,000 in			•	
								·					

Page 9

Pai	rt VII	Statement of Revenue	23-7087714						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
र र	1 a	Federated campaigns 1a							
Z a	ь	Membership dues 1b							
ts, g	С	Fundraising events 1c							
gif	d	Related organizations 1d							
simi,	е	Government grants (contributions) 1e							
er s	f	All other contributions, gifts, grants,				-			
훈등		and similar amounts not included above . 1f 31,000.							
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$							
	<u>h</u> .	Total. Add lines 1a-1f							
Program Service Revenue	_	Business Code							
Şe.	2 a		 			 			
<u>8</u>	b	· · - · - · - · - · · - · · · · ·		-					
ē									
a S	d			_					
grai		All other program service revenue							
Po	g	Total. Add lines 2a-2f	NONE						
	3	Investment income (including dividends, interest, and							
		other similar amounts)	173, 256.			173, 256.			
	4	Income from investment of tax-exempt bond proceeds	l .						
	5	Royalties · · · · · · · · · · · · · · · · · · ·	1						
		(ı) Real (ıı) Personal							
	6a	Gross Rents							
	ь	Less rental expenses	_						
	С	Rental income or (loss)				L j			
	d	Net rental income or (loss)	NONE						
	7 a	Gross amount from sales of (i) Securities (ii) Other	4			1			
		assets other than inventory 907, 416.	_						
	b	Less cost or other basis							
		and sales expenses 902, 071.	_			İ			
	C	Gain or (loss)	E 245			E 245			
	d	Net gain or (loss)	5, 345.			5, 345.			
ø.	8a	Gross income from fundraising events (not including \$							
Other Revenue	Ì	of contributions reported on line 1c)							
ě		See Part IV, line 18 a							
e F	ь	Less direct expenses b							
ş	C	Net income or (loss) from fundraising events	NONE						
	9a	Gross income from gaming activities				1			
		See Part IV, line 19 a							
	ь	Less direct expenses b							
	С	Net income or (loss) from gaming activities	► NONE			ļ			
	10a	Gross sales of inventory, less							
		returns and allowances a							
	b	Less cost of goods sold b			AM	J			
	C	Net income or (loss) from sales of inventory							
	-					_			
	11a		 			+			
	b					 			
	C	All other revenue			-	 			
	"	Total. Add lines 11a-11d	NONE						
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	HONE			1			
	'2	9c, 10c, and 11e	209,601.			178,601.			
		- 00, 100, uno 110 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		I		1.0,001.			

Part IX Statement of Functional Expenses

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

	All other organizations must comple	ete column (A) but are	e not required to com		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	320,820.	320,820.		
2	Grants and other assistance to individuals in		•		
_	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,		-		
•	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			= 1 111
5		NONL			
3	trustees, and key employees	NONE			
		NONE			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4938(r)(1)) and persons described in section 4958(c)(3)(B)	NOND			
_	F	NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401				
_	(k) and section 403(b) employer contributions)	NONE			
9		NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees)				
а	Management	NONE			
b	Legal	NONE			
	Accounting	1,375.		1,37 <u>5.</u>	
d	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE			_
f	Investment management fees	18,445.		18,445.	
g	Other	NONE			
12	Advertising and promotion	NONE			
	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	NONE			
19		NONE			-
20	Interest	1,197.		1,197.	
21	Payments to affiliates	NONE		-/	
22	Depreciation, depletion, and amortization	NONE			
23	•	NONE			
23 24	Insurance	INCINE		-	
- →	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		İ		
	5% of total expenses shown on line 25 below)				
_	· ·				
-		-			· · · · · · · · · · · · · · · · · · ·
С				-	
d					
е					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	341,837.	320,820.	21,017.	
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				

Га	ILA	Balance Sheet	(A) Beginning of year		(B) End of	
	1	Cash - non-interest-bearing		1	_	
	2	Savings and temporary cash investments	617,041.	2	31	L4,093
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key				
		employees, or other related parties Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II				
		of Schedule L		6		
ß	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sales or use		8		
As	9	Prepaid expenses and deferred charges	57,573.	9	3	38,868
	10a	Land, buildings, and equipment: cost basis 10a				
		Less: accumulated depreciation. Complete				
	i	Part VI of Schedule D		10c		
	11	Investments - publicly traded securities	4,516,604.	11	4.70	06,022
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,191,218.	16	5.05	58,983
_	17	Accounts payable and accrued expenses	<u> </u>	17	3,00	507 5 00
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ro.	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				
Εij		highest compensated employees, and disqualified persons. Complete Part II				
Ľа		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	-	25		
	26	Total liabilities. Add lines 17 through 25		26		
es	20	Organizations that follow SFAS 117, check here ► 💢 and complete lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets	5,191,218.	27	5.05	58,983
3ala	28	Temporarily restricted net assets	-, -, -,	28		
P	29	Permanently restricted net assets		29		
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds		30		
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32		
ž et	33	Total net assets or fund balances	5, 191, 218.	33	5.05	58,983
_	34	Total liabilities and net assets/fund balances	5,191,218.	34		58,983
Pa	rt XI		<u> </u>			
						res No
1		ounting method used to prepare the Form 990 🐰 Cash 🗌 Accrual 📗 Other				
2a		e the organization's financial statements compiled or reviewed by an independent account				X
b		e the organization's financial statements audited by an independent accountant?			2b	X
Ç	If "Y	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the			
		t, review, or compilation of its financial statements and selection of an independent accou			2c	
3a		result of a federal award, was the organization required to undergo an audit or audits as $\frac{1}{2}$				
		Single Audit Act and OMB Circular A-133?				X
b	If "Y	es," did the organization undergo the required audit or audits?	. <u> </u>		. 3ь	

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

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BOYS AND GIRLS CLUB TRUST FUND

Employer identification number

FOR	SP	<u>RINGFIELI</u>	D BOYS AND	GIRLS CLUB, INC	,					23-70	<i>,,,</i> ,,,	
Par	t I	Reason fo	or Public Chari	ity Status (All organi	izations m	ust compl	ete this p	oart.) (se	e instruc	ctions)		
he	orga	nization is no	t a pr i vate found	dation because it is. (Pl	ease check	only one o	rganizatio	on)				
1		A church, co	onvention of chu	rches, or association of	of churches	described	ın sectio i	n 170(b)(1)(A)(i).			
2	П	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E)						
3		A hospital o	r a cooperative	hospital service organi	zation desc	cribed in sec	ction 170	(b)(1)(A)	(iii). (Atta	ch Schedi	ule H)	
4	\Box			zation operated in co								Enter the
			me, city, and sta	·	•	'	•			, ,, ,		
5		•	•	or the benefit of a col	leae or un	versity ow	ned or o	perated b	ov a gove	 ernmental	unit des	scribed in
		_	(b)(1)(A)(iv). (C						, g- · ·			
6				vernment or governme	ntal unit de	scribad in e	ection 1	70/h)/1)/	Δ۱(ν)			
7	┝─┤		_	illy receives a substan						or from t	ha aana	ral public
'	ш	-		-	-	its support	i iioiii a g	Jovennine	intai uiiit	or monn t	ne gene	rai public
	<u> </u>			(1)(A)(vi). (Complete P	•	malete Ded	. II \					
8	\vdash		-	d in section 170(b)(1)(-	•				- f	
9	Ш	-		Ily receives: (1) more							-	_
		•		ited to its exempt fun		-		-				
			_	ment income and uni						511 tax)	trom b	usinesses
	<u></u>		-	n after June 30, 1975					-			
0	\square	_	_	and operated exclusive	•	•	-			-	-	
1	X	-	_	and operated exclusi	•		-				-	
				ublicly supported orga								e section
				at describes the type o					lines 11e			
	_	a X Typ	-	Type II c		e III - Func	-	_			pe III - C	
е	Χ	-		ertify that the organiz				-				
		persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly s	supported	d organiza	ations de	scribed i	n section
		. , , ,	section 509(a)(• •								
f		If the organ	nization received	d a written determina	tion from	the IRS tha	atıtıs a	Type I,	Type II o	r Type III	support	ing
		organization	n, check this box	'								🗀
g		Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the			
		following pe	rsons?									
		(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	s descrit	ped in (II)		Yes No
		and (III)	below, the gove	erning body of the supp	orted orga	anization?					11g(i)	Х
			-	person described in (i) a	-						11g(ii)	Х
				of a person described		above?					11g(iii)	
h		• •	-	ation about the organi		•	on suppo	rts				<u></u>
	Name	of supported	(ii) EIN	(iii) Type of organization		organization	1	ou notify	(vi) l	s the	(vii) An	nount of
()		inization	, ,	(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	tion in col		
				above or IRC section (see instructions))	governing	document?	col (i) of your			zed in the		
				(00001.00.0)				oort?	1 113	S7 1		port
					Yes	No		No No	Yes	S? No		
			-		Yes	No	supp	1			··-·	
201		CIPIC	11-0512650	0.7		No	Yes	1	Yes			oport
30Y	S &	GIRLS	44-0513659	07	Yes	No	supp	1			32	
		-	44-0513659	07		No	Yes	1	Yes		32	oport
		GIRLS F SPFLD	44-0513659	07		No	Yes	1	Yes		32	oport
		-	44-0513659	07		No	Yes	1	Yes		32	oport
		-	44-0513659	07		No	Yes	1	Yes		32	oport
		-	44-0513659	07		No	Yes	1	Yes		32	oport
		-	44-0513659	07		No	Yes	1	Yes		32	oport
		-	44-0513659	07		No	Yes	1	Yes		32	oport

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

Schedule A (Form 990 or 990-EZ) 2008

Total

320,820.

Par	Support Schedule for Org (Complete only if you che	ganizations E cked the box o	Described in Son line 5, 7, or	Sections 170(b 8 of Part I.))(1)(A)(iv) and	170(b)(1)(A)(v	i)
Sec	ion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>		<u> </u>	<u> </u>	<u> </u>	
_	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(4) 2001	(2) 2000	(0, 2000	(0, 200)	(0) 2000	(1) () ()
7 8	Amounts from line 4						
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources				 		··-
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			,			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here					<u> </u>	▶
Sec	tion C. Computation of Public Sup				_		
14	Public support percentage for 2008 (I	ine 6, column (f) divided by line	e 11, column (f))		14	%
15	Public support percentage from 2007	Schedule A, P	art IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the o						check this box
	and stop here. The organization quali	•	•	•			
b	33 1/3% support test - 2007. If the o	_					
	box and stop here. The organization of	•		_			
17a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organization						
	in Part IV how the organization meets			•	•		
_	organization						
b	10%-facts-and-circumstances test -	_					line
	15 is 10% or more, and if the organiz						
	Explain in Part IV how the organization						
4.0	supported organization						
18	Private foundation. If the organization						
	instructions					chedule A (Form 9	

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

Sec	tion A. Public Support						
Ca	lendar 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	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						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 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 total of lines 9, 10c, 11, and 12 for the year or \$5,000						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					,	
•	line 6)						
Sec	tion B. Total Support		I.		<u></u>		
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		· · · · · · · · · · · · · · · · · · ·				
11					_ -		
•	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)						
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here						▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2007 Sche	edule A, Part IV-A	, line 27g	<u></u>		16	%
Sec	tion D. Computation of Investmen	nt Income Per	centage		·		
17	Investment income percentage for 2008 (li	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2007						%
19a	33 1/3% support tests - 2008. If the org						d line
	17 is not more than 33 1/3 %, check this bo						
b	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3 %, check this	s box and stop h	ere The organiza	tion qualifies as a	publicly supported	d organization	▶ □
20	Private foundation. If the organization did						
							200 at 000 E7) 2009

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

► Complete if the organization answered "Yes." on Form 990. Part IV, lines 21 or 22. Governments, and Individuals in the U.S.

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B No	0
OMB	

Open to Publi 2008

Department of the Treasury Internal Revenue Service	\		A	Attach to Form 990.				Inspection
-	BOYS AND GIRLS	CLUB TRUST	ST FUND				Employer Identification number	on number
FOR SPRINGELELD I	AND	CLUB,					23-7087714	
Part General Info		and Assistar	ce			!		:
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	o substantiate	the amount of	the grants or assista	nce, the grantees' el	igibility for the grants	or assistance, and	[
	the selection criteria used to award the grants or assistance?	rants or assista	nce?					X Yes No
ပ္တ	the organization's pro	ocedures tor m	onitoring the us	se or grant runds in the	e United States.			
Part Grants and C Form 990, Po	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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 in the complete of the complete o	to Governme any recipient	nts and Organ	nizations in the Uni I more than \$5,000	ited States. Comp). Check this box if	lete if the organiza no one recipient r	ation answered "Ye eceived more than	es" on \$5,000.
1 (a) Name and address of organization	and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash	•	(f) Method of valuation (book, FMV, appraisal,	(9) Description of	(h) Purpose of grant
BOYS AND GIRLS CLUB OF SPRINGFIELD	PRI NGFI ELD		ii appiicaole		dosistance	other)	ייייי במאון מאיאומונים	Ol doolor
1410 N FREMONT AVE SPRINGFIELD,	GFIELD, MO 65802	44-0513659	501(C)(3)	320, 820.				SUPPORT
			_					
	***************************************		·					
2 Enter total number of	Enter total number of section 501(c)(3) and government	and governmer	nt organizations					1
3 Enter total number of other organizations	of other organizations						•	
For Privacy Act and Pag	perwork Reduction /	Act Notice, se	the Instructio	the Instructions for Form 990.			Sche	Schedule I (Form 990) 20(

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Schedule I (Form 990) 2008

20

23-7087714

Part Ⅲ	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.	idividuals in the	ne United States needed.	. Complete if th	e organization answered	"Yes" on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this par	ete this part to	provide the info	ormation require	d in Part I, line 2, and an	t to provide the information required in Part I, line 2, and any other additional information.
PARI-I	4. <u>LINE</u> 1.8.2					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
THE_ IR	TRUST_18_A_SUPPORT1NG_ORGAN1ZAT1ON_	TION OF THE	E_BOYS_AND_GIRLS_	IRLS_CLUB_OF		
<u>SPRI NGFI ELD.</u>	EIELDA.COMMITTEE MEETS QUARTERLY.		WITH THE BOYS-	-AND-GIRLS CI	CLUB TO	
STOSTO	DISCUSS HOW MUCH TO DISTRIBUTE TO THE ORGANIZATION.	THE ORGANI	ZATION.			
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
2008
Open to Public
Inspection

Name of the organization	BOYS AND GIRLS CLUB TRUST FUND	Employer identification number
FOR SPRINGFIELD	BOYS AND GIRLS CLUB, INC	23-7087714
FORM 990, PART	VI, LINE 10	
		-
		, acumputus popu
A COPY OF THE	FORM 990 IS EMAILED TO THE ORGANIZATION	I GOVERNING BODY
DDIOD MO DEINC	EILED	
_ PRIOR_IO_BEING	FILED.	
		
	·	-
		-

chedule O (Form 990) 2008 ame of the organization BOYS AND GIRLS CLUB TRUST FUND	Employer identification number
OR SPRINGFIELD BOYS AND GIRLS CLUB, INC	23-7087714
ODCANT ZATION NAME	
ORGANIZATION NAME	
FORM 990, C	·
THE ORGANIZATION'S FULL NAME IS "THE BOYS AND GIRLS CLUB TR	UST FUND FOR
SPRINGFIELD BOYS AND GIRLS CLUB, INC".	·
·	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 Open to Public 2008

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

Employer identification number Inspection

Internal Revenue Service	See sebar	Jarate Hishachons.				in special
Name of the organization	BOYS AND GIRLS CLUB TRUST FUND				Employer 10	Employer identification number
FOR SPRINGFIELD	BOYS AND GIRLS CLUB, INC				23-7087714	7714
Part I Identific	Identification of Disregarded Entities					
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identific	Identification of Related Tax-Exempt Organizations					•
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
B <u>OYS_AND_GIRLS_CLUB</u> 1410 N FREMONT AVE	CLUB OF SPRINGFIELD 44-0513659 AVE SPRINGFIELD, MO 65802	YOUTH CLUBS	MO	501(C)(3)	7	N/A
						į
For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

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Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No				
Code V-UBI Gen amount in box 20 of mar Schedule K-1 per (Form 1065)					
(H) Disproportionate allocatora?	Yes No				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign	country)				
(B) Primary activity					
(A) Name, address, and EIN of related organization					

or Trust
Corporation
Taxable as a (
Organizations
ion of Related
Identificati
Part IV

			•	•	
(H) Percentage ownership					
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Type of entity (C corp., S corp., or trust)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign country)					
(B) Primary activity					
(A) Name, address, and EiN of related organization					

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Part V Transactions With Related Organizations

				\vdash	
Ŷ,	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	2/3		2	
_ ~	During the tax year on the organization engage in any of the rollowing transactions with one of more related on sections listed in raits in the Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×	
ء :			1p	×	
· U			10	×	
ס			1d	×	
•			1	×	
)			,		
-	Sale of assets to other organization(s)		=	×	
6			1g	×	
-			<u>۽</u>	×	
-	Lease of facilities, equipment, or other assets to other organization(s)		;=	×	
•			. ÷		
_	Lease of facilities, equipment, or other assets from other organization(s)		- ;	⟨ ;	
¥	Performance of services or membership or fundraising solicitations for other organization(s)		<u>≠</u> ;	×	
-	Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
Ε	No Sharing of facilities, equipment, mailing lists, or other assets		E .	×	
_	Sharing of paid employees		-	×	
0	Reimbursement paid to other organization for expenses		e	×	•
<u>a</u>			1-	×	
	Other transfer of resh or property to other property ()		-	×	
, r			-	×	
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tionships and transaction th	resholds.		
	(V)	(B)	(2)		
	(A) Name of other organization(s)	Transaction Amo type (a-r)	Amount involved		
Ð					
(2)					
3					
4					
(2)					
9					
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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) (B) (C) (D) Name, address, and EIN of entity (state at foreign section (state or foreign section (state or foreign ((B) Primary activity	(C) Legal domicile (state or foreign	(D) Are all partners	(E) Share of	(F) Disproportionate	1	(H) General or managing
			501(c)(3) organizations?			of Schedule K-1 (Form 1065)	partner?
			Yes No		Yes No		Yes No
				:			
				'			
					-		•
		ı.					
							<i>:</i>
					_		- J
						Schedule R (Form 990) 2008	990) 2008