ADVICE ON PRO FORMA 990

Organizations applying to the Combined Federal Campaign must submit a copy of their most recent tax return. In most cases, this is the IRS Form 990.

If the IRS permitted the organization to submit a Form 990 EZ, the applicant must provide a full copy. In addition, the applicant must complete certain pages of the Form 990, as described below. The CFC refers to these pages as a "Pro Forma 990."

If the IRS did not require that the organization submit any tax return (revenue below \$25,000), the applicant must still submit the Pro Forma 990 pages described below.

PRO FORMA 990 PAGES

The Pro-Forma 990 consists of the following pages of the revised (2008) IRS Form 990:

- page 1, including Signature Block
- pages 7 through 10
- page 11 (**only** Part XI, Financial Statements and Reporting)

Please complete each page with the best information you have. Make sure to sign at the bottom of page 1.

The relevant pages of the Form 990 are reproduced below.

Form **990**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	e 2008 ca	2008 calendar year, or tax year beginning , 2008, and ending							, <u>2</u> 0					
В	Check if a	applicable:	Please	C Name of organization					D Emplo	oyer identification	number				
		change	use IRS label or	Doing Business As											
	Name cl		print or	Number and street (or P.O.	box if mail is not delivered to street a	ddress)	Room/suite		E Telepl	hone number					
	Initial re	•	type. See						()					
	Termina		Specific	City or town, state or co	ountry, and ZIP + 4					,					
			Instruc- tions.		•				G Gross	receints \$					
		ed return	F Nan	ne and address of principal	officer:										
ш.	Application	on pending	1101	no ana address of principal	omeon.			1 ' '	• .	ırn for affiliates? Yes					
_	T		. 🗆	504/) /) 4 // , ,)						s included? LYes					
<u> </u>		empt status	s: 5	501(c) () ◄ (insert no.)	4947(a)(1) or 527				•	a list. (see instruction	ons)				
<u>J</u>	Websi							H(c) Group e							
_				pration 🔲 Trust 🔲 Association	n	L Year	of formation:		M State	of legal domicile:					
P	art I	Summ	ary												
	1	Briefly de	escribe	the organization's m	ission or most significant	activities	s:								
		,		=											
Se															
nar	-														
Ver															
Governance	2			=	scontinued its operations or dis	-				1					
≪	3			-	overning body (Part VI, lin										
ies					pers of the governing boo										
Activities	5	Total nur	nber of	f employees (Part V, I	ine 2a)										
Aci	6	Total nur	nber of	f volunteers (estimate	if necessary)				. 6						
	1				ue from Part VIII, line 12,				I —						
					ne from Form 990-T, line				. 7b						
								Prior Ye	ar	Current Ye	ar				
		Contribu	tions or	nd grants (Part VIII li	ne 1h)										
ne	8														
Revenue	9	Program service revenue (Part VIII, line 2g)													
Be	10														
					lines 5, 6d, 8c, 9c, 10c, a										
	12	Total reve	enue—a	add lines 8 through 11	(must equal Part VIII, colum	nn (A), line	e 12)								
	13	Grants a	nd simi	ilar amounts paid (Pa	rt IX, column (A), lines 1-	3)									
	14	Benefits	paid to	or for members (Par	t IX, column (A), line 4)										
ses	15	Salaries,	other co	ompensation, employee											
Expenses	16a			draising fees (Part IX,											
X	h.			• ,	lumn (D), line 25) ▶										
	1		_		lines 11a–11d, 11f–24f)										
	1		•												
				penses. Subtract line 1	st equal Part IX, column	(A), ime z	23)								
		nevenue	iess ex	penses. Subtract line	18 HOITI IIIIE 12			Beginning o	4 V	Find of Vo.					
Net Assets or Fund Balances	[beginning o	rear	End of Yea	<u>ar</u>				
Sse	20	Total ass	ets (Pa	art X, line 16)											
¥ E	21														
					ct line 21 from line 20.										
Pa	art II	Sign	ature	Block											
					e examined this return, including										
		and belie	et, it is tru	ue, correct, and complete. L	Declaration of preparer (other that	n officer) is	based on all	information (of which p	oreparer has any kn	owledge.				
Sig	an														
He	-	Sign	ature of o	officer				Date)						
								_ 3.0							
		Type	or print	name and title											
		y Type	or print	name and title		Ts :	Lou	, :c							
		Preparer'				Date	Chec self-	1	Preparer's (see instru	identifying number					
Pai	d	signature	• 🚩					oyed ▶ 🔲	(See IIISII'U	iodonaj					
	parer's	Firm's na		ours				EIN	•	1					
USE	Only	if self-em address,		<u> </u>				Phone no	> ()					
N/A	ny tha			·	arer chown above? (acc :	netructio	ne)	I HOHE HE	\		NI.				
INIS	ту пте	ino aisci	นธร เกเร	s return with the prep	<u>arer shown above? (see i</u>	เารเเนตเเด	115)			. <u> </u>	No_				

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 co	mpensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations

Part '	Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees (co	ontinued)
	(B)			(C)			(D)	(E)	(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	al Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							ă				
1b T	otal							•			
2 To	otal number of individuals (including those	e in 1a) wh	no rec	eive	ed r	nore	e thar	n \$1	00,000 in repo	rtable compens	sation from the
е	oid the organization list any former office mployee on line 1a? <i>If "Yes," complete S</i> or any individual listed on line 1a, is the s	chedule J	for su	ıch	indi	vidu	ıal	٠.			Yes No
th	ne organization and related organizations										4
S	id any person listed on line 1a receive ervices rendered to the organization? If "	or accrue Yes," comp	comp plete S	oen: S <i>ch</i>	satio edu	on f le J	from <i>I for</i> s	any <i>uch</i>	_	anization for	5
	on B. Independent Contractors										
	omplete this table for your five highest compensation from the organization.	ompensate	d ind	epe	ende	ent c	contra	acto	rs that receive	d more than \$1	
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
2 T	otal number of independent contractors ompensation from the organization ►	(including	those	in	1) w	/ho	recei	ved	more than \$1	00,000 in	

Part	: VIII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, and similar amounts not include Noncash contributions include	ibutions). 1c 1d 1d 1e 1f 1f 1f 1f 1f 1f 1f					
<u>₹</u>	h	Total. Add lines 1a-1f		T T				
Program Service Revenue	2a b c d e f	All other program servi	ice revenue .	Business Code				
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	of tax-exempt bon	d proceeds ►				
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	oss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .						
		Gain or (loss) Net gain or (loss)		<u></u>				
Other Revenue	8a	Gross income from events (not including \$ of contributions reporte See Part IV, line 18	d on line 1c).					
Othe	b c	Less: direct expenses Net income or (loss) from	b om fundraising e					
	b	Gross income from gam See Part IV, line 19 Less: direct expenses. Net income or (loss) from	a					
	10a b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from Miscellaneous Rev	entory, less a a bld b b m sales of inventor					
	b c d e			•				

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	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									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages									
9	Other employee benefits									
	Fees for services (non-employees): Management									
С	Legal									
e f	Professional fundraising services. See Part IV, line 17 Investment management fees									
12	Other									
13 14 15	Office expenses									
16 17	Occupancy									
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.									
20 21 22	Interest									
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.)									
a b										
c d										
e f 25	All other expenses Total functional expenses. Add lines 1 through 24f									
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet								
			(A) Beginning of year		(E End c	B) of year				
Assets	1	Cash—non-interest-bearing		1						
	2	Savings and temporary cash investments		2						
	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		6						
	7	Part II of Schedule L		7						
	8	Inventories for sale or use		8						
	9	Prepaid expenses and deferred charges		9						
	10a	Land, buildings, and equipment: cost basis 10a								
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10c						
	11	Investments—publicly traded securities		11						
	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						
Liabilities	16	Total assets. Add lines 1 through 15 (must equal line 34)		16						
	17	Accounts payable and accrued expenses		17						
	18 19	Grants payable		19						
	20	Deferred revenue		20						
	21	Tax-exempt bond liabilities		21						
	22	Payables to current and former officers, directors, trustees, key								
Liab		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D		25						
	26	Total liabilities. Add lines 17 through 25		26			_			
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.								
lan	27	Unrestricted net assets		27						
Fund Balance	28	Temporarily restricted net assets		28						
pu	29	Permanently restricted net assets		29						
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.								
Net Assets or	30	Capital stock or trust principal, or current funds		30						
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
¥/	32	Retained earnings, endowment, accumulated income, or other funds		32						
ž	33 34	Total net assets or fund balances		34						
Pa	rt XI			34						
		Thuriotal Glatericites and Heportaling				Yes	No			
1	Acc	ounting method used to prepare the Form 990: Cash Accrual	Other							
2 a		e the organization's financial statements compiled or reviewed by an ind		t?	2a					
b		e the organization's financial statements audited by an independent according	•		2b					
		es" to lines 2a or 2b, does the organization have a committee that assumes								
		audit, review, or compilation of its financial statements and selection of an in	•		2c					
3a		a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?			I					
b		the Single Audit Act and OMB Circular A-133?								