

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

**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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning <u>January 1</u> , 2008, and ending <u>December 31</u> , 20 <u>08</u>																
B Check if applicable:	C Name of organization															
<input checked="" type="checkbox"/> Address change	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Hispanic Foundation of Silicon Valley</td> <td>D Employer identification number</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>77 0481921</td> </tr> <tr> <td colspan="2">1922 The Alameda</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> <td>(408) 216-7612</td> </tr> <tr> <td colspan="2">San Jose, CA 95126</td> <td>F Group Exemption Number</td> </tr> </table>	Hispanic Foundation of Silicon Valley		D Employer identification number	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		77 0481921	1922 The Alameda		E Telephone number	City or town, state or country, and ZIP + 4		(408) 216-7612	San Jose, CA 95126		F Group Exemption Number
Hispanic Foundation of Silicon Valley		D Employer identification number														
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		77 0481921														
1922 The Alameda		E Telephone number														
City or town, state or country, and ZIP + 4		(408) 216-7612														
San Jose, CA 95126		F Group Exemption Number														
<input type="checkbox"/> Name change																
<input type="checkbox"/> Initial return																
<input type="checkbox"/> Termination																
<input type="checkbox"/> Amended return																
<input type="checkbox"/> Application pending																
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>																
G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶																
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																
I Website: ▶ <u>www.hfsv.org</u>																
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.																
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <u>273,200</u>																

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	267,081
	2 Program service revenue including government fees and contracts	2	2,500
	3 Membership dues and assessments	3	
	4 Investment income	4	2,989
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ <u>149,939</u> of contributions reported on line 1)	6a	103,080
	6b Less: direct expenses other than fundraising expenses	6b	103,080
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>Returns and refunds</u>)	8	630	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	273,200	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	82,261
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	170,445
	13 Professional fees and other payments to independent contractors	13	47,332
	14 Occupancy, rent, utilities, and maintenance	14	6,142
	15 Printing, publications, postage, and shipping	15	11,767
	16 Other expenses (describe ▶ <u>See Statement 3</u>)	16	64,911
	17 Total expenses. Add lines 10 through 16	17	383,058
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(109,758)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	335,547
	20 Other changes in net assets or fund balances (attach explanation)	20	(27,422)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	198,368

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		191,276	22 89,096
23 Land and buildings			23
24 Other assets (describe ▶ <u>See Statement 5</u>)		152,675	24 135,459
25 Total assets		343,951	25 224,555
26 Total liabilities (describe ▶ <u>Accounts Payable</u>)		8,404	26 26,187
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		335,547	27 198,368

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? See Statement 6			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Scholarships & Grants. See Statement 7		
	(Grants \$ 79,261) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	127,297
29	Leadership Development. See Statement 8		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	30,868
30	Program Development. See Statement 9		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	89,155
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	16,191
32	Total program service expenses (add lines 28a through 31a)	32	263,511

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Carmen Sigler 1922 The Alameda, Suite 201, San Jose, CA 95126	President, 2	0	0	0
Francisco X. Marquez 1922 The Alameda, Suite 201, San Jose, CA 95126	Vice President, 2	0	0	0
Jose Villarreal 1922 The Alameda, Suite 201, San Jose, CA 95126	Second Vice President, 2	0	0	0
Barb Larson 1922 The Alameda, Suite 201, San Jose, CA 95126	Treasurer, 2	0	0	0
Jose Villarreal 1922 The Alameda, Suite 201, San Jose, CA 95126	Secretary, 2	0	0	0
Muhammed A. Chaudhry 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Vintage Foster 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Sallie Gamez-Severns 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Rosemary Kamei 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Martha Kanter 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1			
Hon. Teresa Guerrero-Daley 1922 The Alameda, Suite 201, San Jose, CA 95126	Immediate Past President, 1	0	0	0
Oswaldo Rojas 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Erika Sharron 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Carols Singh 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Monica Zent 1922 The Alameda, Suite 201, San Jose, CA 95126	Member, 1	0	0	0
Teresa Alvarado 1922 The Alameda, Suite 201, San Jose, CA 95126	Executive Director	97,770	6,288	0
Ivonne Montes de Oca 1922 The Alameda, Suite 201, San Jose, CA 95126	Member Emeritus, 1	0	-0	-0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ N/A		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ <u>California</u>		
42a	The books are in care of ▶ <u>Hispanic Foundation of Silicon Valley</u> Telephone no. ▶ <u>(408) 216-7612</u> Located at ▶ <u>1922 The Alameda, Suite 201, San Jose, CA 95126</u> ZIP + 4 ▶ <u>95113</u>		
42b	b 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)? 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.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ *Kon Gonzalez* | 10/22/09
 Signature of officer | Date
 ▶ **KON GONZALEZ, PRESIDENT & CEO**
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶ 20 4728559		Phone no. ▶ (510) 350-2000
Arianette, LLC dba Nonprofit Suite 520 3rd Street, Suite 207, Oakland, CA 94607			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**2008 IRS 990-EZ
HISPANIC FOUNDATION OF SILICON VALLEY
FEDERAL STATEMENTS**

77-0481921

STATEMENT 1. PART I. LINE 4. Investment income

Interest on savings/investment	1,165
Dividends & interest form securities	1,618
Realized Gains and Losses	206
	<u>2,989</u>
	\$ 2,989

STATEMENT 2. PART 1. LINE 10. Grants to others

The Women's Foundation of California	3,000
Latina Coalition Silicon Valley	1,261
Sacred Heart Nativity Schools	20,000
YMCA of the Santa Clara Valley	10,000
Bay Area Women's Sports Initiative	15,000
Sierra Club, San Jose Inner City Outings	15,000
Catholic Charities of Santa Clara	15,000
Caneisha Howell	1,000
Cynthia Petti	1,000
Kenia Vega	1,000
	<u>82,261</u>
	\$ 82,261

STATEMENT 3. PART 1. LINE 16. Other Expenses

Community Relations	23,419
Program Supplies	6,278
Meeting Supplies	3,978
Office Supplies	1,309
Travel	8,868
Conventions & Conferences	4,815
Membership Dues	980
Depreciation	1,000
Insurance	1,562
Banking & Credit Card Fees	3,831
Uncollected A/R	250
Corporate Fees	95
Other Expenses	8,625
	<u>65,011</u>
	\$ 65,011

STATEMENT 4. PART 1. LINE 20. Other Changes in net assets or fund balances

Unrealized Loss on Investments	\$ (27,422)
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2008 IRS 990-EZ
HISPANIC FOUNDATION OF SILICON VALLEY
FEDERAL STATEMENTS

77-0481921

STATEMENT 5. PART II. LINE 24. Other Assets

Accounts receivable	55,713
Market-value investment account	78,332
Prepaid expenses	916
Fixed asset net value	498
	<u>\$ 135,459</u>

STATEMENT 10. PART III. LINE 31. Other program services

Fiscal sponsorships	16,191
	<u>\$ 16,191</u>

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization Hispanic Foundation of Silicon Valley	Employer identification number 77 0481921
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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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33% % 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% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) 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?	11g(i)	✓
(ii) A family member of a person described in (i) above?	11g(ii)	✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	✓
 - h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income 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. (see instructions) **12**

13 **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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.")	119,052	158,946	220,927	196,888	249,169	944,982
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	88,456	142,098	103,986	118,547	149,973	603,060
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	207,508	309,398	324,913	315,435	399,592	1,548,042
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					6,750	6,750
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	0	0	0	0	6,750	6,750
8 Public support (Subtract line 7c from line 6.)						1,541,292

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	207,508	309,398	324,913	315,435	399,592	1,548,042
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,056	8,354	11,840	12,799	2,989	50,038
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,056	8,354	11,840	12,799	2,989	50,038
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	268	0	2,305	30	0	2,603
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,600,683

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 for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.71 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.12 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.77 %

19a **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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

