

TLS, have you transmitted all R text files for this cycle update?

Date \_\_\_\_\_

**I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING**  
INSTRUCTIONS TO PRINTERS  
SCHEDULE R (FORM 990), PAGE 1 of 4  
MARGINS: TOP 13 mm (1/2"), CENTER SIDES. PRINTS: ONE SIDED  
PAPER: WHITE WRITING, SUB. 20. INK: BLACK  
FLAT SIZE: 279 mm (11") x 216 mm (8 1/2")  
PERFORATE: (NONE)  
**DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT**

Action	Date	Signature
O.K. to print		
Revised proofs requested		

**SCHEDULE R (Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
See Instructions. Use Schedule R-1 if additional space is needed.

Name of the organization	Employer identification number
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 33.

(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 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 charity status (if 501(c)(3))	(F) Direct Controlling Entity

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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" to Form 990, Part IV, line 37.

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of K-1 (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership

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**Part V Transactions With Related Organizations**

Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization	<b>1e</b>	
<b>f</b> Sale of assets to other organization	<b>1f</b>	
<b>g</b> Purchase of assets from other organization	<b>1g</b>	
<b>h</b> Exchange of assets	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	<b>1m</b>	
<b>n</b> Sharing of paid employees	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization	<b>1r</b>	

**2** 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.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved (\$)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" to Form 990, Part IV, line 37.

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.

Table with 8 columns: (A) Name, address, and EIN of entity; (B) Primary Activity; (C) Legal domicile (state or foreign country); (D) Are all partners 501(c)(3) organizations? (Yes/No); (E) Share of End-of-year assets (\$); (F) Disproportionate allocations? (Yes/No); (G) Code V-UBI amount on Box 20 of K-1 (\$); (H) General or Managing Partner? (Yes/No).

Draft as of 03/24/2008