

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

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING

INSTRUCTIONS TO PRINTERS
SCHEDULE R (FORM 990), PAGE 2 of 4
MARGINS: TOP 13 mm (1/2"), CENTER SIDES. PRINTS: ONE SIDED
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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

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING

INSTRUCTIONS TO PRINTERS
SCHEDULE R (FORM 990), PAGE 3 of 4
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PERFORATE: (NONE)

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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
1 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:		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization	1b	
c Gift, grant, or capital contribution from other organization	1c	
d Loans or loan guarantees to or for other organization	1d	
e Loans or loan guarantees by other organization	1e	
f Sale of assets to other organization	1f	
g Purchase of assets from other organization	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization	1i	
j Lease of facilities, equipment, or other assets from other organization	1j	
k Performance of services or membership or fundraising solicitations for other organization	1k	
l Performance of services or membership or fundraising solicitations by other organization	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization	1q	
r Other transfer of cash or property from other organization	1r	

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)			

