

Return of Organization Exempt From Income Tax

2006

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)

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 10/01, 2006, and ending 09/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending.

C Name of organization: PARKLAND FOUNDATION
 Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 2777 N STEMMONS FREEWAY SUITE 1700
 City or town, state or country, and ZIP + 4: DALLAS, TX 75207

D Employer identification number: 75-2089180

E Telephone number: (214) 266-2000

F Accounting method: Cash, Accrual, Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.PARKLANDFOUNDATION.ORG

J Organization type (check only one): 501(c)(3), 4947(a)(1), 527

K Check here if the organization is not a 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.

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 6,024,994.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

SCANNED SEP 09 2008 Revenue

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	4,564,814.	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ <u>4,564,814.</u> noncash \$ _____)	1e		4,564,814.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,070,861.
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		107,061.
5	Dividends and interest from securities	5		133,594.
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		148,664.	8a	
b	Less cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	148,664.	8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		148,664.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11	12		6,024,994.
13	Program services (from line 44, column (B))	13		13,344,536.
14	Management and general (from line 44, column (C))	14		892,694.
15	Fundraising (from line 44, column (D))	15		1,627,529.
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 13 and 14, column (A)	17		15,864,759.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-9,839,765.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		24,874,144.
20	Other changes in net assets or fund balances (attach explanation) <u>STMT 1.</u>	20		977,293.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		16,011,672.

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

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-25c, 26-43g, and 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a PATIENT SERVICES: PAYMENTS TO OR ON THE BEHALF OF DALLAS COUNTY HEALTH DISTRICT (DCHD); PROVIDING MEDICAL CARE AND PATIENT CARE TO INDIGENT DALLAS COUNTY PATIENTS. (Grants and allocations \$ 10,624,336.) If this amount includes foreign grants, check here <input type="checkbox"/>	10,646,370.
b PATIENT/PUBLIC EDUCATION: INCLUDES ADVERTISING, BROCHURES, VIDEOTAPES, AND MODELS AS WELL AS SALARIES OF PATIENT EDUCATION PERSONNEL OF DHCD. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	440,987.
c PATIENT ASSISTANCE: CONSISTS OF ITEMS AND SERVICES THAT ENABLE PATIENTS TO FIND AND BENEFIT FROM HEALTH CARE OF TO BE DISCHARGED SUCCESSFULLY. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,757,327.
d PROFESSIONAL DEVELOPEMENT: INCLUDES ADVANCED OR SUPPLEMENTAL TRAINING FOR STAFF OR DHCD TO HELP THEM KEEP ABREAST OF DEVELOPMENTS IN THEIR FIELDS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	147,251.
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	352,601.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	13,344,536.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing	74,207.	45	305,140.	
	46 Savings and temporary cash investments	12,822,628.	46	6,440,494.	
	47a Accounts receivable				
	b Less allowance for doubtful accounts		47c		
	48a Pledges receivable	3,528,044.			
	b Less allowance for doubtful accounts	15,749.	7,046,311.	48c	3,512,295.
	49 Grants receivable		3,520,519.	49	194,085.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54a Investments - publicly-traded securities STMT 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		6,155,000.	54a	7,134,019.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55a Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)			55c	
	56 Investments - other (attach schedule)			56	
	57a Land, buildings, and equipment basis	200,000.			
	b Less accumulated depreciation (attach schedule)	161,902.	66,669.	57c	38,098.
58 Other assets, including program-related investments (describe STMT 7)		1,333,286.	58	766,894.	
59 Total assets (must equal line 74). Add lines 45 through 58		31,018,620.	59	18,391,025.	
Liabilities	60 Accounts payable and accrued expenses	788,458.	60	925,840.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe STMT 8)		5,356,018.	65	1,453,513.
66 Total liabilities. Add lines 60 through 65		6,144,476.	66	2,379,353.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		3,726,754.	67	4,313,835.
	68 Temporarily restricted		21,147,390.	68	11,668,319.
	69 Permanently restricted			69	29,518.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		24,874,144.	73	16,011,672.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		31,018,620.	74	18,391,025.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 29
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 15
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization DALLAS COUNTY HOSPITAL DISTRICT and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)			
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	c Dues, assessments, and similar amounts from members	N/A	
85d	d Section 162(e) lobbying and political expenditures	N/A	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	87 501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE		
89b	b 501(c)(3) and 501(c)(4) orgs 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," attach a statement explaining each transaction		X
89c	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
89d	d Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
89e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	90 a List the states with which a copy of this return is filed		
90b	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	11	
91a	91 a The books are in care of MARILYN BARNES Telephone no 214-266-2000 Located at 2777 N STEMMONS FWY STE 1700 DALLAS, TX ZIP + 4 75207		
91b	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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					1,070,861.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	107,061.	
96 Dividends and interest from securities			14	133,594.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	148,664.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				389,319.	1,070,861.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,460,180.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

			Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				

Please Sign Here

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

Signature of officer: *David E. Krause* Date: *8-15-08*

David E. Krause President & CEO

Paid Preparer's Use Only

Preparer's signature: *Bruce E. Bernstein* Date: *8/15/08* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *BRUCE E BERNSTIEN & ASSOC, PC* EIN: *P00146008*

10440 N CENTRAL EXPRESSWAY STE 1040 Phone no: *214-706-0840*

DALLAS, TX 75231 Form 990 (2006)

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying activities, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
DALLAS COUNTY HOSITAL DISTRICT		07	X		
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE... 26a 26b 26c 26d 26e 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE (2005) (2004) (2003) (2002) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002)

c Add Amounts from column (e) for lines 15 16 17 20 21 27c d Add Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

977,293.

TOTAL

977,293.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

DALLAS COUNTY HOSPITAL DISTRICT
2777 N STEMMON FWY STE 1700
DALLAS, TX 75207

NONE
SUPPORT ORGANIZATION

ADVANCE CLINICAL, EDUCATIONAL, AND RESEARCH
QUESTS OF PHHS

10,624,336.

TOTAL CONTRIBUTIONS PAID

10,624,336.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE
=====

CURRENT OFFICER NAME -----	MANAGEMENT AND GENERAL -----
DAVID E KRAUSE	
COMPENSATION:	229,679.
CONTRIBUTIONS TO BENEFIT PLANS:	38,712.
EXPENSE ACCOUNT:	NONE
JOY E CARSON	
COMPENSATION:	128,868.
CONTRIBUTIONS TO BENEFIT PLANS:	21,723.
EXPENSE ACCOUNT:	NONE
TOTALS	----- 418,982. =====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PROVIDE SUPPORT TO THE DALLAS COUNTY HOSPITAL DISTRICT.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
GRANT MANAGEMENT: AS AGENT FOR DCHD THE FNDTN MAINTAINS A RECORDKEEPING SYSTEM FOR ONGOING GRANTS OF DCHD AND COORDINATES EXTERNAL & INTERNAL FINANCIAL AUDITS OF GRANTS ACCOUNTED FOR ON THE FOUNDATION AS DCHD MANAGED FUNDS (AGENCY).		352,601.
TOTALS		352,601.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE EQUITY STOCKS	4,858,060.	FMV
FIXED INCOME FUNDS	2,275,959.	FMV
TOTALS	7,134,019.	

PARKLAND FOUNDATION

75-2089180

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
RECEIVABLES OTHER	766,894.
TOTALS	----- 766,894. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
DUE TO DCHD	1,453,513.
TOTALS	1,453,513.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID E KRAUSE 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	PRES, CEO 40.00	229,679.	38,712.	NONE
VELETTA FORSYTHE LILL 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	CHAIRMAN 40.00			
BARBARA LORD WATKINS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	PRES EMERITUS 1.00			
BILL MONTGOMERY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	VICE CHAIRMAN 1.00			
ROBERT H THOMAS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	VICE CHAIR, FINANCE 1.00			
NANCY JUDY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	SECR 1.00			
W LAMAR LOVVORN	TREAS 1.00			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----

TITLE AND TIME DEVOTED TO POSITION

COMPENSATION

NAME AND ADDRESS

2777 N STEMMONS FREEWAY SUITE 1700
DALLAS, TX 75207

RON J ANDERSON MD	CEO	1.00
2777 N STEMMONS FREEWAY SUITE 1700		
DALLAS, TX 75207		

KRISTI BARE	BD MEMBER	1.00
2777 N STEMMONS FREEWAY SUITE 1700		
DALLAS, TX 75207		

CLIFF P BOYD	BD MEMBER	1.00
2777 N STEMMONS FREEWAY SUITE 1700		
DALLAS, TX 75207		

WILLIAM E COOPER	BD MEMBER	1.00
2777 N STEMMONS FREEWAY SUITE 1700		
DALLAS, TX 75207		

ROBERTO DE LA CRUZ MD	BD MEMBER	1.00
2777 N STEMMONS FREEWAY SUITE 1700		
DALLAS, TX 75207		

NANCY STRAUSS HALBREICH	BD MEMBER	1.00
2777 N STEMMONS FREEWAY SUITE 1700		
DALLAS, TX 75207		

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BETSY HEALY JD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00		
BARRY HENRY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00		
ROD JONES 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00		
ERIC KRUEGER 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00		
DALTON LOTT 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00		
LAUREN MCDONALD MD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00		

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
REGINA MONTOYA 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
MARY BLAKE MEADOWS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
MIKE A MYERS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
MARCOS RONQUILLO 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
ANDRES RUZO 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
VICKY C TEHERANI 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
KATHRYN WALDREP MD	BD MEMBER 1.00			

PARKLAND FOUNDATION

75-2089180

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207				
KAREN WATSON 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
FRITZI WOODS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
MARGIE BANKHEAD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
MICHAEL DARROUZET 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
ANN FRANCES JURY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			
KATIE ROBINS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00			

PARKLAND FOUNDATION

75-2089180

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOY E CARSON 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	VP, CFO 40.00	128,868.	21,723.	NONE
GRAND TOTALS		358,547.	60,435.	NONE

PARKLAND FOUNDATION

75-2089180

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOY E CARSON				
GRAND TOTALS		128,868.	21,723.	NONE

JOY E CARSON

GRAND TOTALS

128,868.

21,723.

NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
-------------	--

93A	THE FOUNDATION RECEIVES INDIRECT COSTS, MANAGEMENT FEES, SEMINAR AND OTHER FEES FOR ADMINISTRATION OF DCHD GRANTS IN RETURN FOR FISCAL PROGRAMMATIC OVERSIGHT, AS WELL AS ACCOUNTING AND AUDIT RELATED SERVICES FOR SPECIFIC GRANT PROGRAMS AND AGENCY RESTRICTED FOR DCHD ACTIVITIES. THE FUNDS ARE DERIVED SOLELY TO ACCOMPLISH THE FOUNDATION'S EXEMPT PURPOSE, TO PROVIDE CHARITABLE SUPPORT FOR DHCD AND ARE EXPENDED IN ACCORDANCE WITH THEIR RESTRICTIONS FOR PATIENT AND OTHER CARE FOR INDIGENTS.
-----	--

PARKLAND FOUNDATION

75-2089180

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARILYN BARNES 2777 STEMMONS FWY STE 1700 DALLAS, TX 75207	GL MGR 40.00	90,484.	14,685.	NONE
MELISSA ATKINSON 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	PG OFFICER 40.00	98,336.	16,573.	NONE
ANNE LEARY 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	VP DEVELOPMENT 40.00	120,305.	20,281.	NONE
	TOTAL COMPENSATION	309,125.	51,539.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990, PART V.

EIN: 75-2089180
 FYE: 09/30/2007

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	200,000.	28,571.	133,331.	38,098.
Equipment				
Furniture & Fixtures				
Property, Plant & Equipment	<u>200,000.</u>	<u>28,571.</u>	<u>133,331.</u>	<u>38,098.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u><u>200,000.</u></u>		<u><u>133,331.</u></u>	<u><u>38,098.</u></u>
Total Depreciation Expense, line 42		<u><u>28,571.</u></u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARILYN BARNES 2777 STEMMONS FWY STE 1700 DALLAS, TX 75207	GL MGR 40.00	90,484.	14,685.	NONE
MELISSA ATKINSON 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	PG OFFICER 40.00	98,336.	16,573.	NONE
ANNE LEARY 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	VP DEVELOPMENT 40.00	120,305.	20,281.	NONE
	TOTAL COMPENSATION	309,125.	51,539.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990, PART V.

EIN: 75-2089180
FYE: 09/30/2007

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	200,000.	28,571.	133,331.	38,098.
Equipment				
Furniture & Fixtures				
Property, Plant & Equipment	<u>200,000.</u>	<u>28,571.</u>	<u>133,331.</u>	<u>38,098.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>200,000.</u>		<u>133,331.</u>	<u>38,098.</u>
Total Depreciation Expense, line 42		<u>28,571.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization PARKLAND FOUNDATION	Employer identification number 75-2089180
	Number, street, and room or suite no. If a P.O. box, see instructions. 2777 N STEMMONS FWY STE 1700	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75207	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-PF Form 1041-A Form 6069
- Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870
- Form 990-EZ Form 990-T (trust other than above) Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MARILYN BARNES**
Telephone No. **214-266-2000** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15, 2008

5 For calendar year _____, or other tax year beginning 10/01, 2006, and ending 09/30, 2007

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Bruce S. Bernstein Title CPA Date 5/15/08

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name BRUCE E BERNSTIEN & ASSOCIATES PC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 10440 N CENTRAL EXPWY SUITE 1040
	City or town, province or state, and country (including postal or ZIP code) DALLAS, TX 75231