# Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury

Open to Public

or the							
01 1110	2008 cale			and ending			
eck if ap	plicable	Please use IRS	Name of organization KIDS IN THE MIDDLE, INC		D Employe	r identificati	on number
dress c	hange	label or	Doing Business As		43-119251	0	<u></u>
me cha	inge	print or	Number and street (or P O box if mail is not delivered to street address)	Room/si	uite E Telephon	e number	
tıal retu	m	type See	21 WEST MONROE AVENUE		314-909-99	22	
rminatio	on :	Specific	City or town, state or country, and ZIP + 4	•			
nended	return	tions	IRKWOOD MO 631	122-5815	G Gross red	eipts \$	1,213,041
	7				le this a group ret	um for affiliat	
<b>_</b>	- 1				•		
				<u>) 631</u> Н(Б)			Yes No
x-exen	npt status	X 50	c) ( 3) ◀ (insert no )		if "No," attach	a list (see in	structions)
bsite:	► N/A			H(c)	Group exemption	number 🕨	
e of or	anization	Псо	pration Trust Association Other	L Year of fo	rmation	M State	of legal domicile
					<del></del>		
			a contration's municipal or most contribute activities				
					TC OF DIVO	OCE CED	ADATION
			25 FOR CHILDREN AND PARENTS EXPERIENCING TO		计多多数的	K Sec.	ARATION.
	KEMAK	RIAGE,	AD OTHER FAMILY TRANSITIONS MILE MARKET		SCIETANCE		
			W 6 1 - 1	PICLUM TALIE	33131A105		
2	Check th	ns box	if the organization discontinued its operation of disposition	office base	ore than 25% o	of its asse	ts
3	Number	of voting	nembers of the governing body (Part VI, line 1a)	AUG 17	2009	3	20
4	Number	of indep	ndent voting members of the governing body (Part VI, line 🕇	יי טעא	7000	4	20
5	Total nui	mber of	nployees (Part V, line 2a)			5	29
			olunteers (estimate if necessary)			6	50
			ed business revenue from Part VIII. line 12. column (C)	~ Q/1/4	49133		(
	_		ness taxable income from Form 990-T. line 34	9~v	4 <b>.</b> .		(
	TTOC GING	ilated bu	TOO WAADIO HOOME HOME ON THE OT		Prior Year	1.5	Current Year
Ω	Contabu	tione an	grants (Part VIII line 1h)	<u> </u>		6 664	463,451
				<del> </del>			
				-	<del>4</del> /		488,118
							8,705
			· ·				176,430
				12)	1,05	8,684	1,136,704
13	Grants a	ind simil	amounts paid (Part IX, column (A), lines 1–3)			0	
14	Benefits	paid to	for members (Part IX, column (A), line 4)				(
15	Salaries,	, other c	npensation, employee benefits (Part IX, column (A), lines 5	⊢10) <u> </u>	71	2,157	863,680
16a	Profession	onal fund	aising fees (Part IX, column (A), line 11e)			0	
				1,904			
		-			23	9.236	220,641
							1,084,321
							52,383
10	11CVCIIUC	1033 64	sises outstact the to northine 12				End of Year
20	Total acc	note /Pai	Y line 16)	<u> </u>			626,528
				<del>                                     </del>		•	52,222
				-			52,222 574,306
22 11	Net asse	ets or tur	palances Suptract line 21 from line 20				
	mination mended plication x-exen physite: pe of organic last section of the control of the contr	mination mended return plication pending  x-exempt status posite: N/A pe of organization  TI Sur  TI Briefly d PROVID REMAR  2 Check th 3 Number 4 Number 5 Total nu 6 Total nu 7a Total gro b Net unre  8 Contribu 9 Program 10 Investme 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16 Professi 16 Professi 16 Total fur 17 Other ex 18 Total ex 19 Revenue  20 Total ass 21 Total liat	mination pending Specific Instructions Polication pending F Name JUDY BEF Instructions F Name Judy Bef	rmination mended return plication pending  F Name and address of principal officer  JUDY BERKOWITZ 121 WEST MONROE AVENUE, ST LOUIS, MC  Exexempt status	mination mended return plication pending F Name and address of principal officer  JUDY BERKOWITZ 121 WEST MONROE AVENUE, ST LOUIS, MO 631 H(b x-exempt status	ministion bended return   Seperate   City or town, state or country, and 2/P + 4   MO   63122-5815   G   Gross received return   F   Name and address of principal officer   JUDY BERKOWITZ 121 WEST MONROE AVENUE, ST LOUIS, MO   631   H(b) are all affiliates in   If 'No,' attach   H(c) Group exemption   Separate   N/A   H(c) Group exemption   Corporation   Trust   Association   Other   L Year of formation   H(c) Group exemption   Separate   N/A   H(c) Group exemption   Corporation   Trust   Association   Other   L Year of formation   Trust   Summary   Separate   N/A   H(c) Group exemption   H(c) Gr	miniation tended return   Secretic tiens to country, and ZIP + 4   MO   63122-5815   G Gross receipts \$

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

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4d Other program services (Describe in Schedule O)

Total program service expenses

27,285 including grants of \$

913,688

21,096)

0)(Revenue \$

(Must equal Part IX, Line 25, column (B)

43-1192510

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	<u> </u>		
	Parts VI, VIII, IX, or X as applicable	11	x	1
12	Did the organization receive an audited financial statement for the year for which it is completing this return	F	<del>  ``</del>	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	<b>-</b>	X
	Did the organization maintain air office, employees, or agents outside of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.70		<del>  ^`</del>
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	ŀ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		<b></b>	<del>  ^`</del>
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<del></del>	<del>                                     </del>	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	<del>  ^`</del>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<del>  ^``</del>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20	<b> </b>	X
21	Did the organization operate one of more hospitals * II * Fos, * compete schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22	<u> </u>	X
23			İ	<del>  ``</del>
20	Schedule J	23	ł	Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		t	
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	† — —	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<del></del>		
·	to defease any tax-exempt bonds?	24c		-
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		1	T
b	person from a pnor year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	<u> </u>	Τ	<u> </u>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	_ <del></del>		Ϊ́
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	1	X

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			2
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV .	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		×
	VI	13/		$\perp \sim$

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Part	Statements Regarding Other IRS Filings and Tax Compliance				
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No	
	U.S. Information Returns Enter -0- if not applicable . 1a 1				i
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0		٥	:	į
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				i
	gaming (gambling) winnings to prize winners?	1c			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return . 29				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				į
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			-	1
	this retum?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		X	•
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<del>  ^</del> -	•
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	4a		x	
	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				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_			
	Regarding Prohibited Tax Shelter Transaction?	5c		┰	
	Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X	•
	gifts were not tax deductible?	6b		1	
7	Organizations that may receive deductible contributions under section 170(c).	- 02	,	<b>-</b>	•
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			ľ	
	\$75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			<del>  _</del>	-
£	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b></b>	╁	•
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- ' 9		╁─	
••	required?	7h	•		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section				•
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?	8		X	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<b> </b>	
а	Did the organization make any taxable distributions under section 4966? .	9a	ļ	X	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X	-
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross respire unglished as Form 900. Part VIII, line 13, for public use of club feetites.		l		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter		1		
	Gross income from members or shareholders			Ì	
	Gross income from other sources (Do not net amounts due or paid to other sources			1	
-	against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

	- A Committee Body and Management			
sect	ion A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			1
	circumstances, processes, or changes in Schedule O See instructions		i	i
1a	Enter the number of voting members of the governing body  1a 20			
b	Enter the number of voting members that are independent.  1b 20		}	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		}	
4	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	ł	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	一	X
6	Does the organization have members or stockholders?	6	$\neg \neg$	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3 &		
_	the year by the following		`	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Х
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ.	
13	Does the organization have a written whistleblower policy?	13		_X_
14	Does the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			<u> </u>
а	The organization's CEO, Executive Director, or top management official?	15a_	÷	
b	Other officers or key employees of the organization?	15b	_X	<del> </del> ;
10-	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
L	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		<del>  ^</del> -
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		J
Soct	tion C. Disclosure	100		Ь
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nlv)		
. •	available for public inspection Indicate how you make these available Check all that apply	,,/		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st		
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
	organization. ► JUDY BERKOWITZ 314-909-992			

# 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

X Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		on (c		_	that ap		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
BUIE KEVIN DIRECTOR	2	x						0	0	0
KIMBERLY BOYER DIRECTOR	2	×						0	. 0	0
MICHAEL BYSTROM DIRECTOR	2	х						0	0	0
KEVIN CUNNEEN DIRECTOR	2	х						0	0	0
MARK GRAVES TREASURER	2	х		х				0	0	0
KEVIN GREEN SECRETARY	2	x		х				0	0	0
CY ALIZADEH DIRECTOR	2	х						0	0	0
JUDY HOLT DIRECTOR	2	х						0	0	0
WILLIAM P CLARK DIRECTOR	2	х						0	0	0
SCOTT JAMES DIRECTOR	2	х						0	0	0
LARRY POTASCHNICK DIRECTOR	2	х						0	0	0
ROSALYN SCHULTZ DIRECTOR	2	х						0	0	0
TRACY RING VICE-PRESIDENT	2	х		х				0	0	0
ERIC TODD PRESIDENT		Х		х				0	0	0
CHRISTINA ERNEST DIRECTOR	2	х						0	0	0
SARAH UNDERWOOD DIRECTOR	2	X						0	0	0
AMELIA FRANKEL DIRECTOR	2	x						0	0	0

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Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key En	nploy	/ees	, and	Hig	ihesi	t Co	mpensated Em	ployees (contir	ued)			
	(A)	(B)	1		(0	C)			(D)	(E)	(F)			
	Name and title	Average hours per week		-	(chec Officer		hat ap		Reportable compensation from	Reportable compensation from related		ed of		
		WGGK	or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	other mpensat from the ganizati nd relate ganizatio	e Ion ed	
	WOTRUBA ECTOR	_ 2	x						0	(			0	
ALA	N ZVIBLEMAN ECTOR	2	х						0		0			
	ICY WILLIGER ECTOR	2	х						0		0			
		0							0		0			
		0							0	(			0	
		0							0		)		0	
		0	-						0				0	
		0	1	_					_ 0		<u> </u>		0	
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		0	_	ļ					0	,			0	
		0	-	-	ļ		_	ļ	0	(	_		0	
<del></del>		0	-				<u> </u>	ļ	0				0	
	Total	0		ļ. <u>.</u> .			<u></u>	Ļ	0				0	
1b 2	Total number of individuals (including those	in 1a) who rece	alved.	mor	a tha	n \$1	00.0	00 10	<u> </u>	<u> </u>	- 1			
۷	organization • 0	iii ia) wilo lecc	siveu	mor	e illa		00,0		Teportable con	pensation non	i ti ic			
3	Did the organization list any former officer,	director or trust	tee. k	ev e	olam	vee.	or h	iahes	st compensated		-	Yes	No	
	employee on line 1a? If "Yes," complete Sc	hedule J for suc	ch inc	lividu	ıal .					_	3		Х	
4	For any individual listed on line 1a, is the su the organization and related organizations of													
5	<ul><li>Individual</li><li>Did any person listed on line 1a receive or a</li></ul>								ganizatıon for		4		X	
	services rendered to the organization? If "Y	es," complete S	Sched	lule .	l for	such	per	son	<del></del>		5		Х	
<u>Sec</u>	tion B. Independent Contractors  Complete this table for your five highest cor	mnensated inde	nend	ent c	ontra	acto	rs tha	at rec	eived more that	n \$100,000 of				
_	compensation from the organization		u	em c						11 4 100,000 0.				
	(A) Name and business	address						<u> </u>	(B) Description of ser	vices	-	C) ensation		
		<del></del>		_				<del> </del>					0	
								<del> </del>	<del></del>	<del></del>			0 0	
					-								0	
													0	
2	Total number of independent contractors (in compensation from the organization ▶	-	n 1) v )	vho r	eœıv	ed r	поге	than	1 \$100,000 in	_				

Par	VIII	Statement of Revenue						1	, age e
		outomont of Hoveride	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated campaigns	1a		0		10,0,10		3
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	<u> </u>	0			-	1
Ę, Ę	c	Fundraising events	1c		0				
£ E	ď	Related organizations .	1d		0				į
	e	Government grants (contributions)	1e		0				
sir	f	All other contributions, gifts, grants, a		$\vdash$	<u>_</u>				
풀	•	similar amounts not included above	1f		463,451				
풀호	_	Noncash contributions included in lin			1,379				}
Contributions, and other simi	y h	Total. Add lines 1a–1f	103 10-11		• • • • • • • • • • • • • • • • • • •	463,451	,	1	
		Total. Add lines Ta-11	· ·		Business Code	700,701			
Program Service Revenue	2a	COUNSELING AND TRAINING FEE	:c	1	Dudinoss Godo	227,469			227,469
96	b	LOCAL COMEDNIATALE FEED				260,649			260,649
8	C	LOCAL GOVERNMENT TEES				200,049	- "		200,043
Ž	d				·	0			<del></del>
Š	u					0			
Ē		All other program appropriate				0		<del> </del>	
ĕ	1	All other program service revenue		ŀ		488,118		<del> </del>	7
	g	Total. Add lines 2a–2f			<del></del>	400,110		<u> </u>	<del> </del>
	3	Investment income (including divider	nds, intere	st, and	1				0.705
	_	other similar amounts)				8,705			8,705
	4	Income from investment of tax-exem	npt bond pr	oceed	ls ►	0			
	5	Royalties .	•			0		ļ	ļ
			(ı) Rea		(II) Personal	1 3 4 4 6	>	* * ` ` .	
	6a	Gross Rents					. ,		
	b	Less rental expenses						. ,	
	С	Rental income or (loss)		0	0		· · · · · · · · · · · · · · · · · · ·		
	d	Net rental income or (loss)			<u> </u>	0		<u> </u>	<u></u>
	7a	Gross amount from sales of	(ı) Secunt	ies	(ii) Other		,	,	
		assets other than inventory		0	0	,		,	'
	b	Less cost or other basis							,
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			<b>&gt;</b>	0			
	8a	Gross income from fundraising					, 3		
venue		events (not including \$	0						
Æ		of contributions reported on line 1c)					· .		
		See Part IV, line 18		a	251,857	'			
-	ь	Less direct expenses		ь	76,337	1	<i>)</i>		]
Other Re		Net income or (loss) from fundraising	g events	- 1	, <u>0,001</u>	175,520			
O		Gross income from gaming activities		- 1	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	""	See Part IV, line 19.		a	0	į		1	
	h	Less direct expenses .		ь					1
		Net income or (loss) from gaming ac	- tivities	,	▶	0		-	· · · · · · · · · · · · · · · · · · ·
		Gross sales of inventory, less	MAINES	1		· · · · · · ·			1
	IUa	returns and allowances			0				]
	_			a	0				Į.
		Less cost of goods sold		b [	<u> </u>		· · · · · · · · · · · · · · · · · · ·	·····	<b> </b>
	C	Net income or (loss) from sales of in	ventory		Durlana Onto	0		<del>                                     </del>	1
		Miscellaneous Revenue			Business Code				
	11a	MISC				910		<del> </del>	910
	Ь				<del></del>	0		<u> </u>	
	С					0		<b></b>	ļ
	d	All other revenue		. [		0			<b> </b>
	е	Total. Add lines 11a-11d			<b>&gt;</b>	910		<b></b>	
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7	d, 8c,				1	
		9c, 10c, and 11e			▶	1,136,704	C	ol o	497,733

43-1192510

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. zations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b, 8		(A)	(B)	(C)	(D)
2	b, 8b, 9b, and 10b of Part VIII.  Total expenses  Program service expenses  Management and general expenses		Fundraising expenses		
2	Grants and other assistance to governments and				1
	organizations in the U.S. See Part IV, line 21	0			
	Grants and other assistance to individuals in				١
•	the U.S. See Part IV, line 22	0_			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	ļ
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0		1	
5	Compensation of current officers, directors,		ĺ		
	trustees, and key employees .	0			
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
	Other salaries and wages .	730,656	633,665	55,773	41,218
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	14,879	10,514	3,318	1,047
	Other employee benefits	59,709	52,549	3,692	3,468
	Payroll taxes	58,436	50,695	4,500	3,241
11	Fees for services (non-employees)			!	
а	Management .	0			
b	Legal .	0			
C	Accounting	9,361	4,003	5,229	129
	Lobbying	0	, , ,	···	
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
_	Other	_0			
	Advertising and promotion	23,519	14,976	4,493	4,050
	Office expenses .	12,893	9,765	1,555	1,573
	Information technology	0	. <u> </u>		
15	Royalties .	0			
16	Occupancy	75,993	64,675	8,841	2,477
	Travel	2,781	1,785	394	602
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,031	10,579	420	32
20	Interest	0			
	Payments to affiliates .	0	0	0	0
22	Depreciation, depletion, and amortization	12,018	10,549	1,130	339
23	Insurance	6,950	6,052	692	206
	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 )				
	PROFESSIONAL FEES-OTHER	35,194	18,692	14,419	2,083
b	BAD DEBT EXPENSE	150	.,	150	<del></del>
	MEMBERSHIP DUES	1,520	490	1,030	
	SUPPLIES	21,685	19,129	1,974	582
	PRINTING AND PUBLICATIONS	6,334	4,912	569	853
	All other expenses MISC	1,212	658	550	4
25	Total functional expenses. Add lines 1 through 24f	1,084,321	913,688	108,729	61,904
	Joint Costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising		Į		
	solicitation				Form <b>990</b> (2008)

	990 (2	11,00 111 1112 1112 1110			<del>-</del>		43-119	2510	Pa	ige 11
Pa	irt X	Balance Sheet		<del></del>			1			
					(A)		١,	(B)		
					Beginning of year		<del> </del>	nd of		5.007
	1	Cash-non-interest-bearing		-	138,980		-		32:	5,307
	2	Savings and temporary cash investments		-	100,829		+		25	2.001
	3	Pledges and grants receivable, net		F	263,191 3,407	4	-			2,091 3,888
	4	Accounts receivable, net	d	·	3,407	4	<del> </del>		<del></del>	3,000
	5	Receivables from current and former officers, employees, or other related parties. Complete			0	5				0
	6	Receivables from other disqualified persons (					<del> </del>			
	0	4958(f)(1)) and persons described in section 4			٠				*	
		Part II of Schedule L	1330(0	(O)(B) Complete		6	-			0
ß	7	Notes and loans receivable, net		F	0					0
Assets	8	Inventories for sale or use		,		8				
Ä	9	Prepaid expenses and deferred charges			8,554	9	1			9,978
	10a		10a	73,105	`` *.				-	
	b	Less. accumulated depreciation Complete			* A	,				
		Part VI of Schedule D	10b	52,665	32,457	10c			3	5,264
	11	Investments-publicly traded securities			0	11				0
	12	Investments-other securities See Part IV, line	e 11	1	0					0
	13	Investments-program-related See Part IV, III	ne 11	1	0		ļ			0
	14	Intangible assets				14	<del>                                     </del>			
	15	Other assets See Part IV, line 11	•	·	0	15			<del></del>	0
	16	Total assets. Add lines 1 through 15 (must e	<u>qual lir</u>	e 34)	547,418					6,528
	17	Accounts payable and accrued expenses			14,814		<del>                                     </del>		4	7,113
	18	Grants payable		ŀ		18 19	<del> </del>			
	19	Deferred revenue			0					0
S	20	Tax-exempt bond liabilities  Escrow account liability Complete Part IV of	Cabadi	40 D		21	<del> </del>	-		
Liabilities	21 22	Payables to current and former officers, direct				-				
pil	22	employees, highest compensated employees		-		Ì				,
Lia		persons Complete Part II of Schedule L	, and a		0	22				0
	23	Secured mortgages and notes payable to unr	elated	third parties	10,681					5,109
	24	Unsecured notes and loans payable			0					0
	25	Other liabilities Complete Part X of Schedule	D		0	25				0
	26	Total liabilities. Add lines 17 through 25			25,495	26			5	2,222
		Organizations that follow SFAS 117, check	here	► X and						
es		complete lines 27 through 29, and lines 33			,					
ances	27	Unrestricted net assets		[-	233,642	27			28	32,771
	28	Temporarily restricted net assets			283,281				28	6,535
Ιþι	29	Permanently restricted net assets			5,000	29				5,000
Net Assets or Fund Ba		Organizations that do not follow SFAS 117	'. chec	k here ▶			1			
or		and complete lines 30 through 34.	,							
ets	30	Capital stock or trust principal, or current fund	ls	-		30	1			
SS	31	Paid-in or capital surplus, or land, building, or		ment fund		31				
t A	32	Retained earnings, endowment, accumulated		Г		32				
ž	33	Total net assets or fund balances		. [	521,923	33			57	4,306
	34	Total liabilities and net assets/fund balances			547,418	34			62	6,528
Pa	rt XI	Financial Statements and Reporting	1							
			. —	1 <u>-</u>	. 🗀 -		_		Yes	No
1		ccounting method used to prepare the Form 99		Cash X Accrua			-			ļ
2		/ere the organization's financial statements com	-				L	2a	X	<del> </del>
		/ere the organization's financial statements aud	-	·-			<u>.</u>	2b	Х	<del> </del>
(		"Yes" to lines 2a or 2b, does the organization h				ignt o	tne	<u> </u>		1
_		udit, review, or compilation of its financial staten				n	-	2c	_X	<del></del>
3		s a result of a federal award, was the organizati e Single Audit Act and OMB Circular A-133?	on req	uned to undergo an aud	ait of addits as set forth f	1 1		3.		X
		"Yes " did the organization undergo the require	al aal.4	or audito?			-	3a 3h		<del>  ^</del>

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the	e organization							Employe	Identificat	lon numb	er	
	THE MIDDLE,							43-11925				
'Part I			narity Status (All or					t ) (see ı	nstructio	ns)		
		•	ation because it is (Pl		-	-	-	LV4VAV:				
	•		rches, or association o			ea in sec	יייייייייייייייייייייייייייייייייייייי	D)(T)(A)(I	<b>)</b> .			
2	i		on 170(b)(1)(A)(ii). (Ai			4!	470/L\/4\	/A\/!!!\ /A	4b C-	ا جانات ا		
3 📙		-	nospital service organi									
4 📖	hospital's na	me, city, and sta										
5		•	r the benefit of a colleg (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governr	nental un	ıt descri	bed	
6 🔲	A federal, sta	ate, or local gove	emment or governme	ntal unit d	escribed i	n sectio	n 170(b)(	1)(A)(v).				
7			y receives a substantii (1)(A)(vi). (Complete l	•	its suppor	t from a g	jovemmei	ntal unit o	r from the	e genera	l public	;
8 🔲	A community	trust described	in section 170(b)(1)	(A)(vi). (C	Complete I	Part II)						
9 🗓	i		y receives (1) more th		-		om contrib	utions, m	embersh	ıp fees, a	and gro	oss
	support from	gross investme	ed to its exempt function ent income and unrelated after June 30, 1975	ted busine	ess taxabl	e income	(less sec	tion 511 ta				
10	An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	e sectio	n 509(a)(	<b>4)</b> . (see ı	nstructio	ns)	
11 🔲			nd operated exclusive									
			blicly supported organi								sectio	n
		<del></del>	at describes the type o	_				e ines i i			Other	
. —	a ∐ Type		] Type II c		e III–Fund	•	•			Type III-		
e			y that the organization on managers and othe			-	_	-				n
	•	section 509(a)(2	•	i than on	e or more	publicly s	apported	organizat	ions des	albed III	Section	
f		, ,,	a written determinatior	n from the	IRS that	it is a Typ	e I, Type	II, or Type	e III supp	orting		
	-	, check this box				,,	, ,,	, ,	•	J		
g	Since Augus following per		the organization accep	pted any (	gift or con	tribution f	rom any c	of the				
			or indirectly controls, e				persons c	lescribed	ın (ii)		Yes	No
			verning body of the su		rganizatio	n7				11g(i)		
	• •	•	person described in (i) by of a person describe		(ii) above			•		11g(ii) 11g(iii)		
h			ation about the organiz				orts		•	(i ig(iii)	L	
	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify		s the		Amount	of
	anization	(, =	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	_	tion in col zed in the		support	
			(see instructions))		<del> </del>	sup	port?	U	S ?	4		
	·· · · · · · · · · · · · · · · · · · ·			Yes	No	Yes	No	Yes	No	<del> </del>		
NONE				]				1				0
HOHE										<b> </b>		
												0
												^
						-		-		<del> </del>		0
	<del>.</del> .				<u> </u>			<u> </u>		-		0
				ļ						<u> </u>		0
Total				,								0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) -Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total Add lines 1-3 0 0 0 0 0 0 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) Public support. Subtract line 5 from line 4 0 Section B. Total Support (d) 2007 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (e) 2008 0 n 0 0 0 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carned on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 0 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions.) 12 12 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 0 00% Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 0 00% 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 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 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 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 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 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

43-1192510 Schedule A (Form 990 or 990-EZ) 2008 KIDS IN THE MIDDLE, INC Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not 388,279 365,981 446,664 462,072 1,988,546 325,550 include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 472,198 674,388 739,975 2,583,583 322,996 374,026 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 648,546 762,305 838,179 1,121,052 1.202.047 4,572,129 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 **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 0 0 O Add lines 7a and 7b. Public support (Subtract line 7c from 4,572,129 line 6) Section B. Total Support (f) Total (b) 2005 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 4,572,129 648,546 762,305 838,179 1,121,052 1,202,047 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 8.705 sources 6.385 15,090 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 0 0 6.385 8,705 15.090 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly 0 carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 201 1,994 910 3,105 Total support. (Add lines 9, 10c, 11, 4<u>,590,324</u> 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 99 60% Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 93 40% 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0 33% 18 0 41% Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

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

Schedule A (Form	990 or 990-EZ) 2008	KIDS IN THE MIDDLE, INC	43-1192510	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanation required	by Part II, line 10	;
	Part II, line 17a	or 17b, or Part III, line 12 Provide any other additional information. (	see instructions)	
Part III Line 12	2 MISCELLANEOU	IS INCOME		
			•••••••	

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

OMB No 1545-0047

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, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

Name of the organization 43-1192510 KIDS IN THE MIDDLE, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b h Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) C d Number of conservation easements included in (c) acquired after 8/17/06 . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the taxable year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$ .....

b	If "Yes" to 3a(II), are the related on	3b			
4	Describe in Part XIV the intended	uses of the organization's en	dowment funds		
Part	VI Investments—Land, Bu	ildings, and Equipment.	See Form 990, Par	rt X, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	0	0	, , ,	(
b	Buildings	0	0	0	(
С	Leasehold improvements	0	0	0	(
đ	Equipment .	0	52,660	48,236	15,163
_е	Other	0	20,445	4,429	20,101
Tota	I. Add lines 1a-1e (Column (d) sho	ould equal Form 990, Part X,	column (B), line 10(c)	)) <b>&gt;</b>	35,264

uncertain tax positions under FIN 48

Investments—Other Securities. See Form 990, Part X, line 12.   Observed of valuation cases of year of the part of the security of cases of the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial products   Observed and the financial statements   at reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organization's liability for   Observed the text of the footnote to the organization's financial statements that reports the organizati	Schedule D (Fo					Page 3
Cost or end-of-year market value	Part VII	Investments-	-Other Securities	. See Form 990, Part X,	line 12.	
Closely-held equity interests	c	(a) Description of sect category (including name	unty or of secunty)	(b) Book value		
Other	Financial denv	atives and other financi	al products	0		
Other	Closely-held	d equity interests		0		
Column (b) should equal Form 990, Part X, col (B) line 12)   Total (Column (b) should equal Form 990, Part X, col (B) line 12)   Total (Column (b) should equal Form 990, Part X, col (B) line 12)   Total (Column (b) should equal Form 990, Part X, col (B) line 15)   Total (Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (c) should equal Form 990, Part X, col (Column (c) should equal Form 990, Part X, col (b) line 15)   Column (c) should equal Form 990, Part X, col (b) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should equal Form 990, Part X, col (c) line 15)   Column (c) should						
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Total (Column (b) should equal Form 990, Part X, cel (B) live 12)   Part VIII   Investments—Program Related. See Form 990, Part X, line 13   (e) Method of valuation (cost or end-of-year market value   O   O   O   O   O   O   O   O   O					<del></del>	
Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 990, Part X, col (B) line 15)   Column (b) should equal Form 99				<del></del>		
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Total   (Column (b) should equal Form 990, Part X, col (B) line 12)   Description of liability   Description				<del></del>	<del> </del>	
Investments   Program Related   See Form 990, Part X, line 13	T-4-1 (C-1: (1	h) about a sure from 000 Co	od V. cel. (P) line 12)	<del></del>		<del></del>
(a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  0  0  0  0  0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0  1 0 0 0  1 0 0 0  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						i
Cost or end-of-year market value	O  Total (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  0  0  0  0  Total (Column (b) should equal Form 990, Part X, col (B) line 13)		untion			
O   O   O   O   O   O   O   O   O   O		(a) Description of investi	ment type		Cost or end-of-year m	
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Total (Column (b) should equal Form 990, Part X, col (B) line 13) ▶ 0  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Should equal Form 990, Part X, col (B) line 15)					<del></del>	
Total (Column (b) should equal Form 990, Part X, col (B) line 13)				<del></del>		
Part IX	Total (Column (t	b) should equal Form 990. Pa	art X. col (B) line 13 )		<del>                                     </del>	
(a) Description (b) Book value						
O   O   O   O   O   O   O   O   O   O						(b) Book value
0   0   0   0   0   0   0   0   0   0						0
0   0   0   0   0   0   0   0   0   0						0
0   0   0   0   0   0   0   0   0   0					-	0
0   0   0   0   0   0   0   0   0   0						0
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O   O   O   O   O   O   O   O   O   O						0
Column (b) should equal Form 990, Part X, col (B) line 15 )						
Total. (Column (b) should equal Form 990, Part X, col (B) line 15 )		. <u> </u>				
Total. (Column (b) should equal Form 990, Part X, col (B) line 15 )						
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		····		<del></del>		
(a) Description of liability (b) Amount  Federal income taxes 0  0  0  0  0  0  0  0  0  0  0  0  0					<b>_</b>	1 0
Federal income taxes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part X				<del></del>	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ability	(b) Amount	<del>_</del>	j
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Federal inc	ome taxes			<del></del>	
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Total (Column (b) should equal Form 990, Part X, col (B) line 25)		<del></del>			<del>  </del>	
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	Total (Column II	b) should equal Form 990 Pa	art X col (B) line 25 )		<del></del>	į.
				proanization's financial state	<del>. ~</del>	tion's liability for

Sched	ule D (Form 990) 2008				Page 4
Par	Reconciliation of Change in Net Assets from Form 990	to Fina	ancial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,136,704
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,084,321
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	52,383
4	Net unrealized gains (losses) on investments		<u> </u>	4	
5	Donated services and use of facilities			5	1,379
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)		Ĺ	8	
9	Total adjustments (net) Add lines 4–8		Ĺ	9	1,379
10	Excess or (deficit) for the year per financial statements. Combine lines 3 a			10	53,762
<b>Par</b>	t XII Reconciliation of Revenue per Audited Financial Stater	nents '	With Revenue p	<u>er R</u>	
1	Total revenue, gains, and other support per audited financial statements			1	1,213,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			Ì	,
а	Net unrealized gains on investments .	2a		<u>.</u> 14	:
b	Donated services and use of facilities .	2b		<u>o</u>	
C	Recoveries of prior year grants	2c			4
d	Other (Describe in Part XIV)	2d		<u> </u>	<u>*</u>
е	Add lines 2a through 2d .			2e	0
3	Subtract line 2e from line 1			3	1,213,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			* ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		_] [	]
b	Other (Describe in Part XIV)	4b	-76,33	7	
С	Add lines 4a and 4b	-		4c	-76,337
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lin	ne 12.) .		5	1,136,704
Par	t XIII Reconciliation of Expenses per Audited Financial State			s per	Return
1	Total expenses and losses per audited financial statements			1	1,160,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-	
а	Donated services and use of facilities	2a		_}	
b	Prior year adjustments	2b		] ·	
С	Losses reported on Form 990, Part IX, line 25	2c		٦٠.	
d	Other (Describe in Part XIV)	2d		7	1
е	Add lines 2a through 2d		<del></del>	2e	<u> </u>
3	Subtract line 2e from line 1			3	1,160,658
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-76,33	7	
C	Add lines 4a and 4b			4c	-76,337
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I,	line 18	)	5	1,084,321
	t XIV Supplemental Information				
and <u>Part</u>	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII Line 4B LESS_DIRECT EXPENSES RELATED TO SPECIAL EVENTS	XIII, line		, Part	IV, lines 1b
Part	XIII Line 4B LESS DIRECT EXPENSES RELATED TO SPECIAL EVENTS				

_	43-1192510	KIDS IN THE MIDDLE, INC	
Page 5		n 990) 2008	Schedule D (Form 990
		Supplemental Information (continued)	Part XIV
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#### SCHEDULE G (Farm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

20**08** 

Open To Public Inspection

Name of the organization			-		Employer Identificati	on number			
KIDS IN THE MIDDLE, INC 43-1192510									
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply									
a X Mail solicitations e Solicitation of non-government grants									
b Email solicitations		f 📙 S	olicitation	of government grar	nts				
c Phone solicitations		g X S	pecial fund	draising events					
d In-person solicitations									
2a Did the organization have a written or key employees listed in Form 990						Yes X No			
b If "Yes," list the ten highest paid indition to be compensated at least \$5,000 b									
(I) Name of individual or entity (fundraiser)	(II) Activity	(ill) Did fund custody of contrib	control of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No			·			
				0	0	0			
	 			0	0	0			
				0	0	0			
<u> </u>				o	0	0			
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Total .			. ▶	. 0	0	0			
registration or licensing	3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing								
					_				

Schedule G (Form 990 or 990-EZ) 2008

Pa	rt II			nization answered "Yes			or repo	rted
		more than \$15,000	on Form 990-EZ, line 6 (a) Event #1  TOURNEY AND AU( (event type)	a. List events with gros  (b) Event #2  FALL APPEAL  (event type)	(c) Other Events  NONE (total number)	(d) To (Add col	tal Events (a) throu	
Revenue	1 2	Gross receipts . Less Charitable contributions	208,380	43,477	0		25	61,857 0
	3	Gross revenue (line 1 minus line 2)	208,380	43,477	0		25	1,857
	4	Cash prizes .	0	0	0			0
enses	5	Non-cash prizes .	0	0	0	 		0
Direct Expenses	6	Rent/facility costs	44,619	0	0		4	<u>14,619</u>
Direc	7	Other direct expenses	31,718	0	0		3	31,718
	8	Direct expense summary Net income summary Cor				(		6,337 <u>)</u> '5,520
Par	_	Gaming. Complete	if the organization answ	wered "Yes" to Form 99		eported m		<u>0,020</u>
-0	-	than \$15,000 on Fo	rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	NOT APPLICABLE (c) Other gaming	(d) Total	gaming (/	Add
Revenue			(-,g-	bingo/progressive bingo	(-,	col (a) th		
Re	1	Gross revenue						0
ses	2	Cash prizes .						0
Direct Expenses	3	Non-cash prizes						0
Irect I	4	Rent/facility costs			_,			0
	5	Other direct expenses						0
	6	Volunteer labor	Yes% ☐ No	Yes% No	Yes% No	,		l l
	7	Direct expense summary	Add lines 2 through 5 in c	column (d)	•	(		0)
	8	Net gaming income summ	ary Combine lines 1 and	7 in column (d)	<u> </u>		Tv	0
9 a	ı İs	nter the state(s) in which the the organization licensed to "No," Explain				9a	Yes	No
10a		/ere any of the organization'		•		10a		
11 12	ls	oes the organization operat the organization a grantor, imed to administer charitab	beneficiary or trustee of a		artnership or other entity	11		

#### KIDS IN THE MIDDLE, INC

Schedu	ile G (Form 990 or 990-EZ) 2008	NOT APPLICABL	.E		Page 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				1
а	The organization's facility	%		- 1	i
	An outside facility . 13b	%			
14	Provide the name and address of the person who prepares the organization's gaming/specia	l events books		- 1	
	and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives	s gaming			, }
134	revenue?	, 909	15a		
h	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the			,
	amount of gaming revenue retained by the third party > \$				
_	If "Yes," enter name and address		,		
·	ii 165, Citoi name and addiess		1	-	ś
	Name ▶			·	*
	Nume .		,		, ,
	Address >			•	, ,
					1
16	Gaming manager information				n
	Name ▶				, ,
	Name •		>		
	Gaming manager compensation ► \$ 0		,		' • •
	Carning manager compensation		,		, ]
	Description of services provided		,	٠	į.
	Director/officer Employee Independent contractor				-
	<del>_</del>		,		
17	Mandatory distributions				, ,
а	Is the organization required under state law to make chantable distributions from the gaming	proceeds to	<u>.</u>	L	<u> </u>
	retain the state gaming license? .		17a		<u> </u>
b	Enter the amount of distributions required under state law distributed to other exempt organi	zations or spent			
	in the organization's own exempt activities during the tax year ▶\$				

## SCHEDULE O (Form 990)

Department of the Treasury

## Supplemental Information to Form 990

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization	Employer identification number
	43-1192510

Part III, Line 4	ld (990) - Progra	m Servic	e Accomplishme	ents	
(Code COMMUNITY EDU	_) (Expenses \$	27,285		ents 0)(Revenue\$	21,096)
PROVIDED PROF	ESSIONAL TRAINING	AND PUBLI	C SPEAKING		<del>-</del>
(Code:	) (Expenses \$	0	including grants of \$	0) (Revenue \$	0)
~					
					•••••
(Code	) (Expenses \$	0	including grants of \$	0_) (Revenue \$	0_)
					•••••
		·			
		·			
(Code	) (Expenses \$	<u> 0</u>	including grants of \$	0) (Revenue \$	0)
		·			
(Codo	\/Evpanses \$		uncluding grants of \$	<u>0</u> ) (Revenue \$	0.)
(Code	/ (Expenses #		Including grants or \$	(1.0701110 \$	
		•			
		• • • • • • • • • • • • • • • • • • • •			
		· · · · · · · · · · · · · · · · · · ·			

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
Federated Campaigns	1	
Membership dues	2	
Fundraising events	3	
Related organizations	4	
Government grants (contributions)	5	
All other contributions, gifts, grants, and similar amounts not included above		
Legal fees		1,379
	250,372	
Contributions	211,700	
Other contributions total .	<u>462,072</u> <b>6</b>	1,379
'Total .	462,072 <b>7</b>	1,379

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

		12,018	10,549	1,130	339
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
	Description		services	and general	
1	DEPRECIATION	12,018		1,130	339
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and gran	ts receivable	Allowance for dou	btful accounts
		Beginning	End	Beginning	End
1	1 [				
2 Promises to give/Pledges receivable	2	263,191	252,091		
3	] 3 [				
4	4				
5	5				
6	6				
7	7 [				I
8	8				
9	· 9 [				
10	10				
11	11				
12 Total pledges and grants receivable	12	263,191	252,091	0	Ō

Part X, Line 4 (990) - Accounts Receivable

		Accounts r	eceivable	Allowance for doub	tful accounts
		Beginning	End	Beginning	End
1	1	5,755	5,988	2,348	2,100
2	2		1		
3	3		T		
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	5,755	5,988	2,348	2,100

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		Category or Item	furniture and equipment	software	software license																19	
		Land																				
		Buildings																				
Leasehold	Improve-	ments	┖																			
		Equipment)	×																			
		Other		×	×																	
Check if	Investment	Asset																				
Check if	Asset	Disposed																				
	Cost/Other	Basis	52,660	12,945	7,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Beginning	Accumulated	Depreciation	40,64			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ending	Accumulated	Depreciation	48,23	2,92	1,50																	
	Disposafs/	Adjustments	6 10,739	4,085																		
	Beginning	Balance	12,012	12,945	7,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ending	ᇒ	15,163	- 1	000'9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
_		_		63	10 63	8 2 8	18 2 8	8 5 8 9 9	85000	8500000	8500000	8 5 0 0 0 0 0 0 0	8 5 0 0 0 0 0 0 0 0	8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	8 5 0 0 0 0 0 0 0 0 0 0	8600000000000	86000000000000	8 - 0 0 0 0 0 0 0 0 0 0 0 0	8 - 0 0 0 0 0 0 0 0 0 0 0 0 0	[8]0 0 0 0 0 0 0 0 0 0	[8][9][9][9][9][9][9][9][9][9][9][9][9][9]	[8] # 10  0  0  0  0  0  0  0  0  0  0  0  0  0

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Part	Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable	Secured a	and Unse	cured Notes Payable	16,720	10,681	5,109		
		Check if lender is	Check if	7	Original	Balance due beginning		olon to chall	Motunity data
-	CITICORP	A DUSITIESS	Oilsechied	EQUIPMENT	16.720	10.681	5.109	10/1/2006	10/1/2009
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Interest			FMV of	
rate Purpose of loan		Description of consideration	consideration	Lender's Title
%				

Pa	rt I, Line 11h (Sch A	(990/990-EZ))	- Supported Organiza	ations						0
	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the su organizate in the su organize gove docum	non listed pporting sation's rning	organizati	notify the on of your port?			Amount of support
				Yes	No	Yes	No	Yes	No	
	NONE									0
2_										0
3_		·								0
4						ļ				0
5										0
6										0
7									<u> </u>	0
8				ļ		ļ			ļ — —.	<u> </u>
9				<u> </u>					ļ	0
10 11						ļ			<del></del>	<u> </u>
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13				<del></del>					<u> </u>	
13 14		<del></del>				<del> </del>	<del> </del>			<u> </u>
15						<del> </del>				0
16									<del>                                     </del>	0
15 16 17		<del></del>				1				0
18									<u> </u>	0
19						1				Ö
20										0

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Parl	Part II (Sch G (990/990EZ)) - Events	251,857	$\sim$	251,857	0	0	44,619	31,718
		Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7
				Gross Revenue				
			(Charitable	(line 1 minus		Non-cash	Rent/Facility	Other direct
	Event Type	Gross Receipts	contributions)	line 2)	Cash Prizes	Prizes	costs	expenses
-	GOLF TOURNEY AND AUCTION	208,380		208,380	l		44,619	31,718
7	FALL APPEAL	43,477		43,477				0
က				0				
4				0				
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7				0				
∞				0				
6				0				
9				0				
7				0				
12				0				
13				0				
14				0				
15				0				
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19				0				
20				C				