Department of the

Internal Revenue

Treasury

DLN: 93493356005049

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)

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

OMB No 1545-0047 Open to Public

Inspection

Service							
A For the 2008 of	alendar yea	r, or tax year beginning 07-01-2008 and ending	06-30-2009				
B Check if applicable	Please	C Name of organization PARTNERS FOR YOUTH WITH			D Employer	identification number	
Address change	use IRS		22-2627798				
Name change	label or print or type. See	Doing Business As			E Telephone number		
Initial return	Specific	Number and street (or P O box if mail is not delivered to	street address) Room	n/suite	(617) 55	6-4075	
Termination	Instruc- tions.	il suite	G Gross rec	eipts \$ 1,001,012			
Amended return		City or town, state or country, and ZIP + 4	•				
Application pending		BOSTON, MA 02116					
	PETER 95 BER	ne and address of Principal Officer SOUTHARD KKLEY STREET IN,MA 02116		affilia	s a group ret tes?	ΓYes ∇No	
Tax-exempt status		list See instructions)					
J Web site: ► W	WW PYD OR	G	H(c)	•	p Exemption	•	
K Type of organization	Corporat	on	L Yea	ır of Foi	mation 1985	M State of legal domicile MA	

			BOSTON, M			 U/b\	661:-+ :l-	udada Evan Ena
I Ta	x-exen	npt st	atus 🔽 501(c) (3)		5 27	H(b) Are all a (If "No,		uded? Yes No ist See instructions)
J W	eb sit	e: ►	WWW PYD ORG			H(c) Group I	Exemption	Number 🟲
К Тур	e of or	ganız	ation Corporation	trust association other		L Year of Form	ation 1985	M State of legal domicile MA
Da	rt I	l s	ummary					
,				anızatıon's mıssıon or most sı	anificant activities			
Governance		TO BY WIT	EMPOWER YOUNG PROVIDING HIGH	PRO GRAMS WH E SUPPORT, U AL, AND CARE	ERE ADUL NDERSTAN ER GOALS			
ŝ	3		,	pers of the governing body (Pa				15
26							4	15
Activities	4			voting members of the govern		,,	4	
톧	5			rees (Part V, line 2a)			5	
្ន	6			eers (estimate if necessary)			-	
-	1			usiness revenue from Part VI		•	/a 71	
	В	Net	. unrelated business	taxable income from Form 99	0-1, lille 34	D.J.		_
		<u> </u>		/D //TII 1 ->		Prior '		Current Year
ā	8			nts (Part VIII, line 1h)			913,870	
Revenue	9			nue (Part VIII, line 2g)			3,480	<u> </u>
ų.	10			Part VIII, column (A), lines 3,		4,419	<u> </u>	
	11			III, column (A), lines 5, 6d, 8		51,034	11,024	
	12	12		nes 8 through 11 (must equal	e	972,803	944,786	
	13	Gr	ants and similar am	ounts paid (Part IX, column (A		15,000	0	
	14	Ве	nefits paid to or for	members (Part IX, column (A			0	
\$	15	S a		nsation, employee benefits (P	art IX, column (A), lines 5	5-	501,039	636,581
Expenses	16a	Pr	ofessional fundraisi	ng fees (Part IX, column (A), l	ıne 11e)			0
ਡੋ	Ь	(To	otal fundraising expense	s, Part IX, column (D), line 25 <u>91,29</u>	5)			
_	17	01	ther expenses (Part	IX, column (A), lines 11a-11	d, 11f-24f)		393,872	287,375
	18	Тс	otal expenses—add l	ines 13–17 (must equal Part	IX, line 25, column (A))		909,911	923,956
	19	Re	venue less expense	es Subtract line 18 from line 1	12		62,892	20,830
88						Beginning	of Year	End of Year
Net Assets or Fund Balances	20	Тс	otal assets (Part X, I	ine 16)			499,371	509,600
A B	21	Тс	tal liabilities (Part)	(, line 26)			53,585	42,984
2 2 2 3	22	Νe	et assets or fund bal	ances Subtract line 21 from l	ine 20		445,786	466,616
Pai	rt II	S	ignature Block					•
Plea Sign	1			I declare that I have examined this t, and complete Declaration of prepa			of which pre	
1161	-		PETER SOUTHARD TREATING Type or print name and					
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	Date	Charle of	Preparer's P	TIN (See Gen Inst)
Paid Pre	Preparer's 2009-1				2009-12-11	Check if self-empolyed		. , ,
Use Onl	Firm's name (or yours of self-employed),							
				331 PAGE STREET 2ND FLOOR			Phone no	• (781) 344-0850
				STOUGHTON, MA 02072				(701) 517 0050

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

1 See A	Briefly describe the organization's mission dditional Data Table			
2	Did the organization undertake any sig the prior Form 990 or 990-EZ?		ces during the year which were not lis	sted on Yes No
3	Did the organization cease conducting services?		nanges in how it conducts any prograi	m
4	If "Yes," describe these changes on S Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenue	ments for each of the o ns and 4947(a)(1) trus	its are required to report the amount	
4a	INCLUSIVE OF YOU WITH DISABILITIES PART	H DISABILITIES TO ADULT M 63 NEW 1 TO 1 MATCHES, A UTH WITH DISABILITIES PRO NERS ONLINE OFFERS YOU AND MODERATED FORUMS A	ENTORS TO SERVE AS ROLE MODELS AND OF IND COMBINED WITH 27 EXISTING MATCHES, DVIDES TRAINING AND ASSISTANCE TO OTHE TH AND ADULT PARTICIPANTS A SAFE, SECUEND CHATS AND INVOLVED HUNDREDS OF YO	THE PROGRAM SERVED 90 TOTAL MATCHES R ORGANIZATIONS SEEKING TO BECOME RE, ONLINE NETWORK (CONTINUED SCHEDUL
4b	ANNUALLY MHC OFFERS YOUTH AND PAREN YOUTH WITH DISABILITIES AGES 14-22 PYD	E MAKING HEALTHY CONNE PROGRAM SITES (SPRINGF T GROUP MEETINGS, GUEST 'S PEER LEADERSHIP PROGR	ECTIONS (MHC) ASSISTS YOUTH WITH DISAB IELD AND BOSTON) AND SERVES APPROXIMA SPEAKER PRESENTATIONS, RECREATION, A	ATELY 60 YOUTH AND THEIR PARENTS ND SOCIALIZATION OPPORTUNITIES FOR R LEADERS, AGES 16-24, TO BE ENGAGED IN
4c		OUNG ENTREPRENEURS PRO THAT INVOLVES ENTREPREN ITES CHARLESTOWN HIGH INCLUDED TWO HOLIDAY TO	OJECT (YEP) SERVES BOSTON URBAN YOUTH IEURIAL TRAINING, EXPERIENTIAL EDUCATIOI SCHOOL, DEARBORN MIDDLE SCHOOL (IN RO RADE-SHOWS AT SOUTH STATION, RUNNING	A SCHOOL STORE AT THE (CONTINUED
4d	Other program services (Describe ii (Expenses \$	n Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expenses \$	680,732	Must equal Part IX, Line 25, column (E	,

Form **990** (2008)

Part IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

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			
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			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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 VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	32			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	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	2a	14			
ь	If at least one is reported in 2a, did the organization file all required federal employi					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 55		
	over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>R. Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ing the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	ot Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement t were not tax deductible?	hat su	ch contributions or gifts	6b	Yes	
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	provide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		· ·			
_	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa	y prem	niums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as	76		N.
	required?		ction F00(a)/2)	7h		No
8	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		No
9	year?					 I
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		No
10	Section 501(c)(7) organizations. Enter					110
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-				
-	against amounts due or received from them)	11b				
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 \circ	n lıaıı /	of Form 10412	12a		
	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.)

Section A	. Governing	Body and Management	

			res	NO					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 15								
b	Enter the number of voting members that are independent 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo					
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		Νo					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
b	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		N N					
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							
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	Yes						
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		Νo					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply website value in another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE CORPORATION 95 BERKELEY ST BOSTON, MA 02116 (617) 556-4075

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) and key employees 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, or 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

Check this box if the organization did no	t compens	ate any	OHIC	ei, u	mec	ισι, τι	uste	e of key employee		
Check this box if the organization did no	(B)	Posii t	tion (cheo	ck a ')		uste	(D) Reportable	(E) Reportable	(F) Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	stitutional Trustee	Officei	Ke) emplojee	nest compensated Notee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations

Part VIII Continued

(A) Name and Title	(B) Average hours per week	that Institutional Trust	appl	y) 原	Highest compensat employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total		a a			2	<u> </u>	95,10	<u> </u>	5,095
TD IOCAL		 •				•	1	~]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Name and business address	Description of services	Compensation

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	mpaigns 1a			Revenue		312, 313, 61 311
発音	ь	Membership o	lues					
E D		F d	1b	22,500				
∰.	C	Fundraising e	vents 1c					
<u>≅,≅</u>	d	Related organ	iizations1d					
žŒ.	e	Government gra	nts (contributions) 1e	269,412				
Contributions, gifts, grants and other similar amounts	f	All other contribu	tions, gifts, grants, and not included above	634,214				
通り		Similar amounts	1f					
풀	g		ributions included in: 3,640					
ठॅ व	h	lines 1a-1f \$	nes 1a-1f)		926,126			
		•		Business Code				
<u> </u>	2a	PROGRAM SERVI	CF FFFS	Busiliess Code	6,003	6,003		
E &	ь				0,003	0,003		
28	c							
956	d							
<u> </u>	e							
Ē	f	^ II - * b - u - u - u - u						
Program Serwce Revenue	"	All other prog	ram service revenue					
Ě	g		es 2a-2f					
	3	► \$ 6,003	ncome (including divi	dends interest				
			amounts)		1,633			1,633
	_		estment of tax-exempt be	•				
	4	income from inv	estment of tax-exempt b	ona proceeas				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	С	Rental income or (loss)						
	d	Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (lo		.				
	8a		from fundraising					
		events (not in	cluding					
Other Revenue		Ψ	57,250 ns reported on line					
<u>₽</u>		1c) See Part	IV, line 18					
æ			le G ıf total exceeds	22,500				
₫	ь		xpensesb	56,226				
돌	с		r (loss) from fundrais		11,024			11,024
_	9a	Gross income	from gaming	<u> </u>				
		activities Se	e part IV , line 19					
		Complete Sche exceeds \$15,0						
		, = - , -	a					
	ь	Less directe	xpensesb					
	С	Net income oi	r (loss) from gamıng a	activities •				
	10a	Gross sales o	f inventory, less					
		returns and al	llowances .					
	_		a					
	Ь		goods sold b	Inventory ►				
	С	Miscellaneou	r (loss) from sales of us Revenue	Business Code				
	11a	miscenaneot	as Nevellue	Duamess Code				
	ь	_						
	c							
		A.11. (1)						
	d	All other reve	nue es 11a-11d					
	12		e. Add lines 1h, 2g, 3		944,786	6,003		12,657
		8c,						
	j	ec, ioc, and	11e		I			Ī

Form 990 (2008) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	96,155	56,892	7,612	31,651					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	412,378	313,543		16,915					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	78,543	56,739	13,896	7,908					
10	Payroll taxes	49,505	36,282	8,572	4,651					
11	Fees for services (non-employees)									
а	Management									
b	Legal									
c	Accounting	6,610		6,610						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	87,370	80,989	6,381						
12	Advertising and promotion	510	290	100	120					
13	Office expenses	72,741	40,975	11,908	19,858					
14	Information technology									
15	Royalties									
16	Occupancy	60,782	47,611	8,628	4,543					
17	Travel	33,210	27,112	2,488	3,610					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	4,800	4,745	55						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,267	923	223	121					
23	Insurance	20,085	14,631	3,536	1,918					
24	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)									
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	923,956	680,732	151,929	91,295					
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of	
	1	Cash—non-interest-bearing			Degg or year	1	2114 01	,
	2	Savings and temporary cash investments			370,172	2		355,661
	3	Pledges and grants receivable, net			50,500	3		103,500
	4	Accounts receivable, net			60,856	4		31,318
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L	key em	nployees or		5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So	tion 49			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ø	9	Prepaid expenses and deferred charges			16,180	9		18,725
et	10a	The para expenses and determed enarges						,
Assets	100	Land, buildings, and equipment cost basis	10a	14,260				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	13,864	1,663	10 c		396
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	•		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$.			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			499,371	16		509,600
	17	Accounts payable and accrued expenses .		53,585	17		42,984	
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
eS	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25			53,585	26		42,984
es		Organizations that follow SFAS 117, check here ► 🔽 and complethrough 29, and lines 33 and 34.	te line	s 27				
anc	27	Unrestricted net assets			227,286	27		214,980
Balance	28	Temporarily restricted net assets			218,500	28		251,636
Ē	29	Permanently restricted net assets			29			
Fund		Organizations that do not follow SFAS 117, check here ▶ □ and	comple	ete				
or I		lines 30 through 34.	-					
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32		
Net	33	Total net assets or fund balances			445,786	33		466,616
_	34	Total liabilities and net assets/fund balances			499,371	34		509,600
Pa	rt XI	Financial Statements and Reporting						
							Ves	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

Service

T

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

PARTI	NERS F	he organizat i OR YOUTH WITH				En	nployer identificati	on number	
	ILITIES						-2627798		
	rt I			harity Status (to be co			· Instructions)		
The	organı —		•	lation because it is (Please	, ,	•			
1	<u> </u>	A church, c	onvention of cl	hurches, or association of ch	iurches described ir	Section 170(b)(1)	(A)(i).		
2	Г	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Atta	ch Schedule E)				
3	Г	A hospital	or a cooperatıv	e hospital service organizati	on described in Sec	tion 170(b)(1)(A)(iii). (Attach Sched	ıle H)	
4	Γ	A medical i	esearch organ	ızatıon operated ın conjunctı	on with a hospital de	escribed in Section	170(b)(1)(A)(iii).	Enter the	
		hospital's r	name, city, and	state					
5	\sqcap	An organiza	ation operated	for the benefit of a college or	university owned o	r operated by a gov	ernmental unıt des	cribed in	
		Section 170)(b)(1)(A)(iv).	. (Complete Part II)					
6	Γ	A federal, s	tate, or local g	overnment or governmental	unit described in Se	ction 170(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its support fro	m a governmental	unit or from the ger	eral public	
		described i	n Section 170(I	b)(1)(A)(vi) (Complete Par	tII)				
8	Γ	A communi	ty trust descril	bed in Section 170(b)(1)(A)	(vi) (Complete Part	tII)			
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% of its supp	ort from contribution	ns, membership fee	s, and gros	ss
		receipts fro	m activities re	lated to its exempt functions	s—subject to certain	n exceptions, and (2) no more than 33:	1/3% of	
		-		estment income and unrelate	=		-		
		acquired by	the organizati	on after June 30, 1975 See	Sect ion 509(a)(2).	(Complete Part III)		
10	Г		-	and operated exclusively to		-	•	ctions)	
11				and operated exclusively fo					es of
				orted organizations describe					
				type of supporting organiza			_		
	_	a Γ⊤			Type III - Function		, ,,	e III - Oth	
e	ļ	•	- '	rtify that the organization is			· ·	•	
		section 50		agers and other than one or	more publicly suppo	orted organizations	described in section	n 509(a)(1	.) or
f			. , . ,	ed a written determination fro	m the IRS that it is	a Type I, Type II o	r Type III support	ing organiza	atıon,
		check this							Γ
g				as the organization accepte	d any gift or contribi	ution from any of the	e		
		following pe		or indirectly controls, either a	alone ortogether wit	th nareone daecriba	d in (ii)	Yes	No.
						in persons describe		-	No
				ing body of the the supported				g(i)	
		` '	•	person described in (i) above)(ii)	
		` '		ity of a person described in (, , ,		[119	(iii)	
h		Provide the	tollowing infor	mation about the organizatio	ns the organization	supports			
	/:\ NI		(::) FIN	/:::\ T f !	(in) In the	() D.d	(:> T - + -	(::> A	
		ame of	(ii) EIN	(iii) Type of organization	(iv) Is the	(v) Did you notify	(vi) Is the	(vii) A m	

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		(v) Did you notify the organization in col (i) of your support?		ion organization in		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
Total										

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

	(Complete only if you chec	ked the box of	1 line 5, 7, or a	o of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,213,292	1,329,309	831,011	913,870		926,126	5,213,608
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	1,213,292	1,329,309	831,011	913,870		926,126	5,213,608
5	The portion of total contribution by each			,	,			· · ·
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							169,004
6	Public Support subtract line 5 from line							
ŭ	4							5,044,604
Т	otal Support			•				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,213,292	4,075	831,011	913,870		926,126	5,213,608
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	1,934	4,075	5,466	4,419		1,633	17,527
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							5,231,135
12	Gross receipts from related activities, etc	(See instruction:	s)			12		124,594
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	, fourth, or fifth t	tax year as a 5(O1(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıdı	ed by line 11 col	umn (f))		14		96 434 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		96 169 %
	33 1/3% 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances are considered to the constant of the constant o	If the organization ts and circumsta ances" test The	n did not check ances" test, che organization qu	a box on line 13 ck this box and alifies as a publ	stop here. Expl	aın ın organı	Part IV ho zatıon	w the
р 18	10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ts and circumsta mstances" test	ances" test, che The organization	ck this box and n qualifies as a	stop here. Expl publicly support	aın ın ted org	Part IV ho ganızatıon	
	instructions		55 15, 10	, ,				▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493356005049

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Name of the organization **Employer identification number**

	ABILITIES INC		22-2627798
Pa	rt I Organizations Maintaining Donor Ad	lvised Funds or Other Similar Fu	
	organization answered "Yes" to Form 99	,	(1) -
	Total growth and afternoon	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?	☐ Yes ✓ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be ✓ Yes ✓ No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space	rganization (check all that apply) on or pleasure) Preservation of an	historically importantly land area
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement:	S	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear►\$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	•
Par	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ -\$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$

Cat No 52283D

b Assets included in Form 990, Part X

Par	Organizations Maintaining Collection	ons of Art, His	<u>tori</u>	<u>cal Treasur</u>	es, or Other	Similar Asse	ts (co	<u> intinued)</u>
3	Using the organization's accession and other recorditems (check all that apply)	ls, check any of th	e foll	owing that are	a sıgnıfıcant us	e of its collection		
а	Public exhibition	d	Γ	Loan or excha	ange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collection Part XIV	ns and explain how	v the	/ further the or	ganızatıon's exe	mpt purpose in		
5	During the year, did the organization solicit or receives		,			ar	íes	✓ No
Pai	Trust, Escrow and Custodial Arrange Part IV, line 9, or reported an amount of	gements. Com	plete	e if the organ		red "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or concluded on Form 990, Part X?	ther intermediary	for c	ontributions or	other assets no	ot	í es	√ No
b	If "Yes," explain why in Part XIV and complete the f	following table						
_						A mou	nt	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990), Part X, line 21?				Γ,	í es	✓ No
b	If "Yes," explain the arrangement in Part XIV							
Рα	rt V Endowment Funds. Complete if the o		Were Prior '			IV, IINE IU. iree Years Back (e)	Four Ye	ears Back
1a	Beginning of year balance	arrene rear (B)	11101	(6)1110	rears back (a)	nee rears back (e)	Tour I	sars back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end ba	alance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment							
С	Term endowment ▶							
3a	Are there endowment funds not in the possession of	the organization t	hat a	re held and ad	mınıstered for tl	ne .		
	organization by					[- (I)	Yes	No
	(i) unrelated organizations		•			3a(i) 3a(ii)		No No
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizations liste					3a(11)		l No
4	Describe in Part XIV the intended uses of the organ							
Par	rt VI Investments—Land, Buildings, and				t X, line 10.			
	Description of investment		(;	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment				14,260	13,864		396
_e	Other	<u></u> .						
Tota	II. Add lines 1a-1e <i>(Column (d) should equal Form 990,</i>	, Part X, column (B),	, lıne	10(c).)		. · F		396

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	944,786
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	923,956
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,830
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	20,830
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,001,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,001,012
4	A mounts 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 -56,226		
c	Add lines 4a and 4b	4c	-56,226
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	944,786
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	980,182
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	980,182
4	A mounts 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)		
c	Add lines 4a and 4b	4c	-56,226
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	923,956

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Return Reference	Explanation
1 ' ' '	EXPENSES RELATED TO SPECIAL EVENT 56,226 EXPENSES RELATED TO SPECIAL EVENT -56,226
SCHEDULE D, PAGE 4, PART XII, LINE 4B	EXPENSES RELATED TO SPECIAL EVENT -56,226
SCHEDULE D, PAGE 4, PART XIII, LINE 4B	EXPENSES RELATED TO SPECIAL EVENT -56,226
	SCHEDULE D, PAGE 4, PART XI, LINE 8 SCHEDULE D, PAGE 4, PART XII, LINE 4B SCHEDULE D, PAGE 4, PART XIII,

Part XIV Supplemental Information(continued)				
Ident if ier	Return Reference	Explanation		
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	EXPENSES RELATED TO SPECIAL EVENT 56,226 EXPENSES RELATED TO SPECIAL EVENT -56,226		
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	EXPENSES RELATED TO SPECIAL EVENT -56,226		
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	EXPENSES RELATED TO SPECIAL EVENT -56,226		

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SCHEDULE G

Department of the

Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493356005049

Supplemental Information Regarding Fundraising or Gaming Activities

2008

OMB No 1545-0047

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.

Open to Public

Internal Revenue Service						2110 100 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110
Name of the organization PARTNERS FOR YOUTH DISABILITIES INC	WITH				Employer ider 22-2627798	ntification number
Part I Fundraisin	g Activities. Complete	e if the or	ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
 Indicate whether the Mail solicitations Email solicitation Phone solicitation In-person solicit 	ns ns	through an	y of the	e Solicitation of r	non-government grants government grants	
or key employees lis b If "Yes," list the ten	have a written or oral agree ted in Form 990, Part VII) highest paid individuals or at least \$5,000 by the orga	or entity i entities (fu	n connec undraise	ction with professional f rs) pursuant to agreeme	fundraising activities? ents under which the fur	
(i) Name of individua or entity (fundraiser	I (III) A CTIVITY	(iii) I fundraise custod contro contribu	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		1	110			
Total			F			1

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

			(a) Event #1 RECOGNITION DIN	(b) Event #2	(c) O ther Events	(d) To (A dd col		
			(event type)	(event type)	(total number)		(C))	
Ме	1	Gross receipts	89,750				89	9,750
Revenue	2	Less Charitable contributions	22,500				2:	2,500
	3	Gross revenue (line 1 minus line 2)	67,250				6	7,250
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
页	7	Other direct expenses	56,226				5 (6,226
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			5 (6,226
	9	Net income summary Combine lin	-	• •	🕨		1:	1,024
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	l
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
s Ses	2	Cash prizes						
cben	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	┌ Yes		┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9		er the state(s) in which the organiza		·	-		Yes	No
a b		the organization licensed to operate No," Explain	gamıng actıvıtıes ın each	n of these states?		· 9a		
D		No, Explain						
10a		re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
b	1f "'	Yes," Explain						
11		es the organization operate gaming a	ictivities with normamba	rc?				
12		the organization a grantor, beneficiar				11		
	forn	ned to administer charitable gaming´	,			. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization PARTNERS FOR YOUTH WITH DISABILITIES INC

Employer identification number

22-2627798

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	POSITIVE ROLE MODELS AND PROVIDE SUPPORT, UNDERSTANDING AND GUIDANCE FOR YOUTH AS THEY STRIVE TO REACH THEIR PERSONAL, EDUCATIONAL, AND CAREER GOALS

ldentifier	Return Reference	Explanation
EXPLANATION ON VOLUTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS CONSIST OF INDIVIDUALS WITH AND WITHOUT DISABILITIES

ldentifier	Return Reference	Explanation
FIRST A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	FOR COMMUNICATION THROUGH EMAIL AND MODERATED FORUMS AND CHATS AND INVOLVED HUNDREDS OF YOUTH, MENTORS, VOLUNTEERS, AND FAMILY MEMBERS WHO UTILIZE THE PARTNERS ONLINE COMMUNITY WITH VARYING FREQUENCY

ldentifier	Return Reference	Explanation
SECOND A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AND MENTORS FOR YOUTH WITH DISABILITIES

Identifier Return Reference		Explanation					
	FORM 990, PAGE 2, PART III, LINE 4C	DEARBORN MIDDLE SCHOOL, AND A PARTNERSHIP FOR TEACHING GIRLS ABOUT HEALTHY LIVING STYLES WITH NORTHEASTERN UNIVERSITY					

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 FORM IS FIRST DISTRIBUTED TO AND REVIWED BY THE TREASURER AND MEMBERS OF THE FINANCE COMMITTEE AFTER THEIR INITIAL REVIEW, IT IS DISTRIBUTED ELECTRONICALLY TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL CONFLICTS OF INTEREST MUST BE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO ACTION

ldentifier	Return Reference	Explanation				
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD CHAIR AND EXECUTIVE COMMITTEE (COMPRISED OF THE REMAINING OFFICERS) REVIEWS THE EXECUTIVE DIRECTOR AND DIRECTOR OF ADMINISTRATION & FINANCE COMPENSATION ANNUALLY AT A MINIMUM, COMPARABILITY DATA FROM THE US BUREAU OF LABOR AND STATISTICS COMPENSATION SURVEY IS USED IF POSSIBLE, A REGIONAL (I E GREATER BOSTON/EASTERN MA) SECTOR SPECIFIC BLS SURVEY IS USED IF THIS IS NOT AVAILABLE, A COMBINATION OF REGIONAL AND NATIONAL SURVEYS WILL BE USED, DECISIONS ARE DOCUMENTED IN COMMITTEE MINUTES				

ldentifier	Return Reference	Explanation				
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD CHAIR AND EXECUTIVE COMMITTEE (COMPRISED OF THE REMAINING OFFICERS) REVIEWS THE EXECUTIVE DIRECTOR AND DIRECTOR OF ADMINISTRATION & FINANCE COMPENSATION ANNUALLY AT A MINIMUM, COMPARABILITY DATA FROM THE US BUREAU OF LABOR AND STATISTICS COMPENSATION SURVEY IS USED IF POSSIBLE, A REGIONAL (I E GREATER BOSTON/EASTERN MA) SECTOR SPECIFIC BLS SURVEY IS USED IF THIS IS NOT AVAILABLE, A COMBINATION OF REGIONAL AND NATIONAL SURVEYS WILL BE USED, DECISIONS ARE DOCUMENTED IN COMMITTEE MINUTES				

Identifier	Return Reference	Explanation					
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS OF THE ORGANIZATION IS AVAILABLE ON LINE AT THE MASSACHUSETTS OFFICE OF THE SECRETARY OF STATE OR UPON REQUEST					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat

Cat No 51056K

Schedule O (Form 990) 2008

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DLN: 93493356005049

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Service	•	See separate instruction	s. 🕨 Attach	to your ta	(ret i	ırn.		Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form	relate	es Ide r	t if y in	g number
PARTNERS FOR YOUTH V	WITH							
DISABILITIES INC		MISCELLAN				22-2	26277	798
	•	Certain Property Ur				lata Dawt I		
		sted property, comple			отпр	iete Part 1.		350,000
1 Maximum amount See		-			•		1	250,000
2 Total cost of section 179 property placed in service (see instructions)						2		
3 Threshold cost of sect	ion 179 propert	y before reduction in limit	tatıon (see ınstr	uctions)	•		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-				4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -	0- If marr	ed fil	ıng		
separately, see instruc	tions						5	
								•
(a) D	escription of pro	nerty	(b) Cost	(business	use	(c) Elected	cost	
			'	only)		(0) 210000		
6								
								ᆚ
7 Listed property Enter	the amount from	line 29			'			
8 Total elected cost of s	ection 179 prop	erty Add amounts in col	umn (c), lınes 6	and 7			8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .					9	
10 Carryover of disallowe	d deduction from	n line 13 of your 2007 Fo	rm 4562 .				10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructior	s)		11	
12 Section 179 expense							12	
							12	
13 Carryover of disallowe			·		3			
Note: Do not use Part) (G)
•	•	Allowance and Othe					ropert I	y) (See instructions)
14 Special depreciation a tax year (see instruction)	·	lified property (other than	1 listed property) placed ir	serv	rice during the	14	
15 Property subject to se	•	alection					15	
		election			•			
16 Other depreciation (in		Do mot implicate de lateral i	- · · · · ·				16	
Part III MACRS De	preciation (Do not include listed j	property.) (Se ection A	e instruc	tions	5.)		
17 MACDS deductions for				.008			17	1 267
17 MACRS deductions for	•	·	-		. •		1/	1,267
18 If you are electing t		•	e during the t	ax yearı	nto c	_		
general asset accou					<u>.</u>	▶l	<u> </u>	
Section B—Ass	ets Placed in	Service During 20	08 Tax Year	Using th	ie G	eneral Dep	recia	tion System
	(b) Month and	(c) Basis for depreciation						
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Convention		n (f) Metho	od	(g)Depreciation
property	service	use	period	` ´				deduction
		only—see instructions)						
19a 3-year property								
b 5-year property								
c 7 - year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property			25 yrs			S/L		
h Residential rental			27 5 yrs	MM		S/L		
property			27 5 yrs	MM		S/L		
i Nonresidential real			39 yrs	MM		S/L		
property				MM		S/L		
Sect io	n C—Assets Pla	ced in Service During 200	8 Tax Year Using	gthe Alte	nat iv	e Depreciation	1 Syst	em
20a Class life	4		ļ	1		S/L		
b 12-year			12 yrs	1		S/L		
c 40-year	L		40 yrs	MM		S/L		
	y (See instruc						1	ı
21 Listed property Enter					•		21	
22 Total. Add amounts fro					line :	21 Enter here	22	1,267
		urn Partnerships and S			•		~~	1,207
23 For assets shown above		=			з			
portion of the basis att	IIDULADIE (O SEC	LIUII ZOJA COSTS .	<u> </u>	• • • •				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44