SCHEDULE N (Form 990)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions or plans.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

Part I **Liquidation, Termination or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31. (Use Schedule N-1 if additional space is needed.)

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC Code section of recipient(s) (if tax-exempt) or type of entity

Draft as of December 13, 2007 DO NOT FILE

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	**2a**	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	**2b**	
c	Become a direct or indirect owner of a successor or transferee organization?	**2c**	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	**2d**	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.		

Part I **Liquidation, Termination or Dissolution** *(Continued)*

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instruments? *If "No," describe in Part III?*	3		
4a	Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	4a		
b	(If "Yes," provide the date of the letter. _____)			
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	5a		
b	If "Yes," did the organization provide such notice?	5b		
6	Did the organization discharge or pay all liabilities in accordance with state laws?	6		
7a	Did the organization have any tax-exempt bonds outstanding during the year?	7a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	7b		
c	If "Yes," describe how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.			

Part II **Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32. (Complete Schedule N-1 if additional space is needed.)

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC Code section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name ofthe person involved and explain in Part III.			

Part III **Supplemental Information.** (Complete this part to provide the information required by Part I, lines 2e, 7c, or Part II, line 2e.)

Printed on recycled paper