SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Schedule to list additional information for Part I, line 3, Part II, line 1, or Part III.

Part I Continuation of A	Activities pe	r Region. (So	chedule F, Part I, line	: 3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
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Totals ▶					

Part II	Continuation of Grants ar	d States. (Schedule F, Part II)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant		(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Part III Continuation of Grants and Other	Assistance to individuals Outs	ide the Un	ited States. (Sche	edule F, Pai	rt III.)		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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