See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
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.

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JK IRWIN FOUNDATION</td>
<td>56-2678107</td>
</tr>
</tbody>
</table>

C Use IRS label or print of type

D Telephone number

E 415-921-4987

F Name and address of principal officer: MARSHA ROSENBAUM

G Gross receipts

H (a) Is this a group return for affiliates?

X No

(b) Are all affiliates included?

X Yes

If "No," attach a list. (see instructions)

J Website: [ ]

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other [ ]

L Year of formation 2007

M State of legal domicile CA

Part I: Summary

1 Briefly describe the organization's mission or most significant activities: JK IRWIN FOUNDATION WAS EXPRESSLY FORMED TO CONDUCT AND/OR SUPPORT ACTIVITIES FOR THE

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of employees (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6

7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

7a

7b Net unrelated business taxable income from Form 990-T, line 34

7b

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

<298,233.>

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

2

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

2,764,750.

14 Benefits paid to or for members (Part IX, column (A), line 4)

360,800.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

24,791.

16a Professional fundraising expenses (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

56,784.

17 Other expenses (Part IX, column (A), lines 11, 11d, 11f-24d)

442,375.

18 Total expenses (Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

2,764,750.

<455,266.>

Beginning of Year

End of Year

20 Total assets (Part X, line 10)

2,764,750.

2,316,288.

21 Total liabilities (Part X, line 26)

2,764,750.

2,316,288.

22 Net assets or fund balances. Subtract line 21 from line 20

Part II: Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: MARSHA ROSENBAUM, PRESIDENT

Date: 11/10/09

Preparer's name: WTAS LLC

Preparer's signature: [ ]

Preparer's EIN: 570-87-7975

Preparer's signature: [ ]

Preparer's phone number: (415) 764-2700

May the IRS discuss this return with the preparer shown above? [X] Yes [ ] No

See Schedule O for Organization Mission Statement Continuation
1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
JK IRWIN FOUNDATION WAS EXPRESSLY FORMED TO CONDUCT AND/OR SUPPORT ACTIVITIES FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE TIDES FOUNDATION, ALL AS A SUPPORTING ORGANIZATION OF THE TIDES FOUNDATION WITHIN THE MEANING OF SECTION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
   Yes ☐ No ☑
   If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
   Yes ☐ No ☑
   If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
   Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 360,800, including grants of $ 360,800) (Revenue $ )
   THE FOUNDATION PROVIDES GRANTS TO PUBLIC CHARITIES CONSISTENT WITH ITS TAX-EXEMPT PURPOSE.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services. (Describe in Schedule O.)
   (Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 360,800. (Must equal Part IX, Line 25, column (B).)
**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
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<tr>
<td>2</td>
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<tr>
<td>24</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II**

**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**

**Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II**

**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**

**Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III**

**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**

**Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V**

**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**

**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**

**Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>14a</td>
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<td>14b</td>
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<td>24c</td>
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<td>X</td>
</tr>
<tr>
<td>24d</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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**

**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**

**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**

**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**
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>28</strong></td>
<td>During the tax year, did any person who is a current or former officer, director, trustee, or key employee:</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>28a</strong></td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
</tr>
<tr>
<td><strong>28b</strong></td>
<td>Have a family member who had a direct or indirect business relationship with the organization?</td>
<td></td>
</tr>
<tr>
<td><strong>28c</strong></td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
</tr>
<tr>
<td><strong>29</strong></td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
</tr>
<tr>
<td><strong>30</strong></td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
</tr>
<tr>
<td><strong>31</strong></td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td></td>
</tr>
<tr>
<td><strong>32</strong></td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
</tr>
<tr>
<td><strong>33</strong></td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
</tr>
<tr>
<td><strong>34</strong></td>
<td>Was the organization related to any tax-exempt or taxable entity?</td>
<td></td>
</tr>
<tr>
<td><strong>35</strong></td>
<td>Is any related organization a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
</tr>
<tr>
<td><strong>36</strong></td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
</tr>
<tr>
<td><strong>37</strong></td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
</tr>
<tr>
<td>Part VI: Statements Regarding Other IRS Filings and Tax Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter &quot;0&quot; if not applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter &quot;0&quot; if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gabling (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>2a</td>
<td>1</td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c 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 | |
| 6a Did the organization solicit any contributions that were not tax deductible? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |

7 Organizations that may receive deductible contributions under section 170(c).

| 7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? | 7a | X |
| 7b Did "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| 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 pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | X |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | X |

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.

| 9a Did the organization make any taxable distributions under section 4966? | 9a | N/A |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |

10 Section 501(c)(7) organizations. Enter: N/A

| 10a Initiation fees and capital contributions included on Part VIII, line 12 | 10a |
| 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b |

11 Section 501(c)(12) organizations. Enter: N/A

| 11a Gross income from members or shareholders | 11a |
| 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b |

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 | N/A |
Section A. Governing Body and Management

For each "Yes" response to lines 2-7b 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
1b Enter the number of voting members that are independent

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?  
   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?  
   X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
   X

5 Did the organization become aware during the year of a material diversion of the organization's assets?  
   X

6 Does the organization have members or stockholders?  
   X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
   X

7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
   X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body?  
      X
   b Each committee with authority to act on behalf of the governing body?  
      X

9a Does the organization have local chapters, branches, or affiliates?  
   X

9b 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?  
   X

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  
   X

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  
   X

Section B. Policies

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
   X

12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
   X

12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
   X

13 Does the organization have a written whistleblower policy?  
   X

14 Does the organization have a written document retention and destruction policy?  
   X

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:
   a The organization's CEO, Executive Director, or top management official?  
      X
   b Other officers or key employees of the organization?  
      X

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 with a taxable entity during the year?  
   X

16b 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?  
   X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you make these available. Check all that apply.
   [ ] Own website  [x] Another's website  [ ] Upon request

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
   SUE ELDREDGE  415-921-4987
   2233 LOMBARD ST., SAN FRANCISCO, CA 94123
Form 990 (2008)  

**JK IRWIN FOUNDATION**  

**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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>
| MARSHA ROSENBAUM  
   PRESIDENT               | 5.00                      | 0.                                 | 0.                                                            | 0.                                                                  | 0.                                                                              |
| DRUMMOND PIKE             | 1.00                      | 0.                                 | 0.                                                            | 0.                                                                  | 0.                                                                              |
| TREASURER                 | 1.00                      | 0.                                 | 0.                                                            | 0.                                                                  | 0.                                                                              |
| SUZANNE GOLLIN  
   SECRETARY               | 1.00                      | 0.                                 | 0.                                                            | 0.                                                                  | 0.                                                                              |

Check this box if the organization did not compensate any officer, director, trustee, or key employee.
### Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Total

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

4 For any individual listed on line 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

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 J for such person

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1b Membership dues</td>
<td>1c Fundraising events</td>
<td>1d Related organizations</td>
<td>1e Government grants (contributions)</td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>285,340</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Total, Add lines 1a-1f**: 285,340

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Total, Add lines 2a-2f**:  |  |

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td>26,561</td>
<td>26,561</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td>13,571</td>
<td>13,571</td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i) Real (ii) Personal</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross Rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Securities (ii) Other</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>200,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>538,365</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>&lt;338,365</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>&lt;338,365</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Other</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Other</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Other</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Total, Add lines 11a-11d**: |  |

<table>
<thead>
<tr>
<th>12 Total Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</td>
<td>&lt;12,891&gt;</td>
<td>0</td>
<td>0</td>
<td>&lt;298,231&gt;</td>
</tr>
<tr>
<td>No.</td>
<td>Description</td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the U S</td>
<td>360,800.</td>
<td>360,800.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the U.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>16,416.</td>
<td>16,416.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>employer contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>8,375.</td>
<td>8,375.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td>28,480.</td>
<td>28,480.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other</td>
<td>2,650.</td>
<td>2,650.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>14,654.</td>
<td>14,654.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>92.</td>
<td>92.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>9,100.</td>
<td>9,100.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses: itemize expenses not covered above (Expenses grouped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>together and labeled miscellaneous may not exceed 5% of total expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>shown on line 25 below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a TAXES AND LICENSES</td>
<td>910.</td>
<td>910.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b PAYROLL SERVICE</td>
<td>898.</td>
<td>898.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24f</td>
<td>442,375.</td>
<td>360,800.</td>
<td>81,575.</td>
</tr>
<tr>
<td>26</td>
<td>Joint Costs. Check here [ ] if following SOP 98-2 Complete this line only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if the organization reported in column (B) joint costs from a combined</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>educational campaign and fundraising solicitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2008)
### Part X: Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost basis</td>
<td>10a</td>
</tr>
<tr>
<td></td>
<td>Less: accumulated depreciation. Complete Part VI of Schedule D</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities. Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>26</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here □X□ and complete lines 30 through 34.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>34</td>
</tr>
</tbody>
</table>

### Part XI: Financial Statements and Reporting

1. Accounting method used to prepare the Form 990: □X□ Cash □ Accrual □ Other

2a. Were the organization's financial statements compiled or reviewed by an independent accountant? □X□

2b. Were the organization's financial statements audited by an independent accountant? □X□

2c. 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? □X□

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? □X□

3b. If "Yes," did the organization undergo the required audit or audits? □X□
SCHEDULE A
(Form 990 or 990-EZ)

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.

Name of the organization

JK IRWIN FOUNDATION

Employer identification number

56-2678107

Part I
Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions; subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)

☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

☐ An organization organized and operated exclusively for the benefit of, or to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 through 11h.

☐ Type I

☐ Type II

☐ Functionally integrated

☐ Type III - Other

☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

☐ (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

☐ (ii) A family member of a person described in (i) above?

☐ (iii) A 35% controlled entity of a person described in (i) or (ii) above?

☐ Yes

☐ No

☐ 11g(i) X

☐ 11g(ii) X

☐ 11g(iii) X

☐ Provide the following information about the organizations the organization supports.

<table>
<thead>
<tr>
<th>(I) Name of supported organization</th>
<th>(II) EIN</th>
<th>(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(IV) Is the organization in col (I) listed in your governing document?</th>
<th>(V) Did you notify the organization in col (I) of your support?</th>
<th>(VI) Is the organization in col (I) organized in the U S?</th>
<th>(VII) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIDES FOUNDATION 51-01985097</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008
### Part II Support Schedule for Organizations Described in Sections 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and either paid to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 - 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by each person (other than a governmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit or publicly supported organization)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>included on line 1 that exceeds 2% of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public Support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>securities loans, rents, royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities, whether or not the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization's first, second, third,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 % |

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

16b 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

17b 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

---

Schedule A (Form 990 or 990-EZ) 2008

832022
12-17-08
### Part III  Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 - 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27q | 16 | % |

#### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |
| 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 |          |   |
| 19b 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 |          |   |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |          |   |
# Supplemental Financial Statements

## Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

- **Total number at end of year:**
- **Aggregate contributions to (during year):**
- **Aggregate grants from (during year):**
- **Aggregate value at end of year:**

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 used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?
- **Yes**
- **No**

## Part II

**Conservation Easements.**

1. **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
   - Protection of natural habitat
   - Preservation of certified historic structure
   - Preservation of open space
   - [ ]

2. **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:**
   - **Heled at the End of the Year:**
   - **2a:**
   - **2b:**
   - **2c:**
   - **2d:**

3. **Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year:**

4. **Number of states where property subject to conservation easement is located:**

5. **Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?**
- **Yes**
- **No**

6. **Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year:**

7. **Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year:**

8. **Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?**
- **Yes**
- **No**

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.**

1. **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:**

2. **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

3. **If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:**
   - (a) Revenues included in Form 990, Part VIII, line 1
   - (b) Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008
Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  □ Public exhibition  d  □ Loan or exchange programs
   b  □ Scholarly research  e  □ Other ___________________________
   c  □ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
   □ Yes  □ No

Part IV. Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   □ Yes  □ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?
   □ Yes  □ No

b If "Yes," explain the arrangement in Part XIV.

Part V. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance
   □ Contributions
   □ Investment earnings or losses
   □ Grants or scholarships
   □ Other expenditures for facilities and programs
   □ Administrative expenses

b End of year balance

2 Provide the estimated percentage of the year end balance held as:
   a Board designated or quasi-endowment ▲ %
   b Permanent endowment ▲ %
   c Term endowment ▲ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   □ unrelated organizations
   □ related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
   □ Yes  □ No

Part VI. Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▲ 0.  

Schedule D (Form 990) 2008
### Part VII Investments - Other Securities

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives and other financial products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHWAB US TREASURY MONEY FUND</td>
<td>711,001</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
</tbody>
</table>

Total: (Col (b) should equal Form 990, Part X, col (B) line 12) 711,001.

### Part VIII Investments - Program Related

<table>
<thead>
<tr>
<th>Description of investment type</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: (Col (b) should equal Form 990, Part X, col (B) line 13)

### Part IX Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.7% LIMITED PARTNERSHIP INTEREST IN CAPITOL VISTA OAKS L.P.</td>
<td>1,412,120</td>
</tr>
<tr>
<td>FEDERAL PAYROLL TAX DEPOSIT</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Total: (Column (b) should equal Form 990, Part X, col (B) line 15) 1,413,120.

### Part X Other Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
</tr>
</tbody>
</table>

Total: (Column (b) should equal Form 990, Part X, col (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.
Part XI  Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1. Total revenue (Form 990, Part VIII, column (A), line 12)..............................................  
2. Total expenses (Form 990, Part IX, column (A), line 25).............................................  
3. Excess or (deficit) for the year. Subtract line 2 from line 1...........................................  
4. Net unrealized gains (losses) on investments.................................................................  
5. Donated services and use of facilities..............................................................................  
6. Investment expenses........................................................................................................  
7. Prior period adjustments..................................................................................................  
8. Other (Describe in Part XIV)............................................................................................  
9. Total adjustments (net). Add lines 4-8............................................................................  
10. Excess or (deficit) for the year per financial statements. Combine lines 3 and 9...........  

Part XII  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1. Total revenue, gains, and other support per audited financial statements......................  
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:  
   a. Net unrealized gains on investments............................................................................  
   b. Donated services and use of facilities..........................................................................  
   c. Recoveries of prior year grants...................................................................................  
   d. Other (Describe in Part XIV)......................................................................................  
   e. Add lines 2a through 2d.............................................................................................  
3. Subtract line 2e from line 1.............................................................................................  
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:  
   a. Investment expenses not included on Form 990, Part VIII, line 7b..............................  
   b. Other (Describe in Part XIV)......................................................................................  
   c. Add lines 4a and 4b.....................................................................................................  
5. Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.).........  

Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1. Total expenses and losses per audited financial statements.........................................  
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:  
   a. Donated services and use of facilities........................................................................  
   b. Prior year adjustments...............................................................................................  
   c. Losses reported on Form 990, Part IX, line 25..........................................................  
   d. Other (Describe in Part XIV)......................................................................................  
   e. Add lines 2a through 2d.............................................................................................  
3. Subtract line 2e from line 1.............................................................................................  
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:  
   a. Investment expenses not included on Form 990, Part VIII, line 7b..............................  
   b. Other (Describe in Part XIV)......................................................................................  
   c. Add lines 4a and 4b.....................................................................................................  
5. Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.).........  

Part XIV  Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 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.
### Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **X Yes**  
2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II Grants and Other Assistance to Governments and Organizations in the United States

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLU FOUNDATION OF NO. CA 39 DRUM STREET</td>
<td>94-0279770</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td></td>
<td>TO CONDUCT LITIGATION, POLICY RESEARCH, AND EDUCATION.</td>
<td></td>
</tr>
<tr>
<td>SAN FRANCISCO, CA 94111</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACORN INSTITUTE 2-4 NEVINS STREET BROOKLYN, NY 11217</td>
<td>72-1488419</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td></td>
<td>TO WORK ON POLICY ISSUES, VOTER EDUCATION, AND VOTER MOBILIZATION IN LOW- AND MIDDLE-INCOME AREAS.</td>
<td></td>
</tr>
<tr>
<td>AMERICAN CONSTITUTION SOCIETY 1333 H ST., NW, 11TH FLOOR WASHINGTON, DC 20005</td>
<td>52-2313694</td>
<td>501(C)(3)</td>
<td>25,000</td>
<td>0</td>
<td></td>
<td>TO ENSURE THAT HUMAN DIGNITY, INDIVIDUAL RIGHTS AND LIBERTIES ARE PROTECTED.</td>
<td></td>
</tr>
<tr>
<td>BRENNAN CENTER FOR JUSTICE 161 AVENUE OF THE AMERICAS, 12TH FL NEW YORK, NY 10013</td>
<td>13-3839293</td>
<td>501(C)(3)</td>
<td>8,100</td>
<td>0</td>
<td></td>
<td>TO STRENGTHEN DEMOCRACY AND SECURE EQUAL JUSTICE THROUGH LAW, SCHOLARSHIP, EDUCATION, AND ADVOCACY.</td>
<td></td>
</tr>
<tr>
<td>CENTER FOR COMMUNITY CHANGE 1536 U STREET, NW WASHINGTON, DC 20009</td>
<td>52-0888113</td>
<td>501(C)(3)</td>
<td>15,000</td>
<td>0</td>
<td></td>
<td>TO BUILD THE POWER AND CAPACITY OF LOW INCOME PEOPLE, PARTICULARLY PEOPLE OF COLOR, TO LINK RESEARCH AND ADVOCACY TO BUILD CAPACITY IN COMMUNITIES OF COLOR AND TO FORGE NEW ALLIANCES.</td>
<td></td>
</tr>
<tr>
<td>CENTER FOR SOCIAL INCLUSION 65 BROADWAY ST, SUITE 1800 NEW YORK, NY 10006</td>
<td>94-3213100</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations **21**

3. Enter total number of other organizations **0**

LHA  For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
Part III
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
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</tbody>
</table>

Part IV
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: STAFF AT THE JK IRWIN FOUNDATION SPENDS 100% OF THEIR TIME RESEARCHING POTENTIAL GRANTEES, REVIEWING REQUESTS FOR FUNDING, PROCESSING GRANTS, COMMUNICATING WITH GRANTEES, AND ENSURING COMPLIANCE WITH REGULATIONS GOVERNING SUPPORTING ORGANIZATIONS.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: ACORN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK ON POLICY ISSUES, VOTER EDUCATION, AND VOTER MOBILIZATION IN LOW- AND MODERATE-INCOME
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG POLICY ALLIANCE</td>
<td>52-1516692</td>
<td>501(C)(3)</td>
<td>75,000</td>
<td>0</td>
<td>TO BROADEN THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC ALTERNATIVES TO THE WAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 WEST 36TH ST, 16TH FLOOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW YORK, NY 10018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSTITUTE FOR AMERICA'S FUTURE INC. - 1825 K ST, NW SUITE 400 - WASHINGTON, DC 20006</td>
<td>52-1971942</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td>TO PROMOTE THE COMMON GOOD AND WELFARE OF THE GENERAL PUBLIC BY EDUCATING THE PUBLIC AND SUPPORTING YOUNG PEOPLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAGUE OF YOUNG VOTERS EDUCATION FUND - 45 MAIN ST, SUITE 628 - BROOKLYN, NY 11201</td>
<td>76-0744153</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td>TO BUILD POWER TO CREATE SOLUTIONS IN OUR OWN COMMUNITIES NATIONWIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 1540 MARKET ST, SUITE 490 - SAN FRANCISCO, CA 94102</td>
<td>94-3080408</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td>TO ADVOCATE FOR THE CIVIL RIGHTS AND EMPOWERMENT OF INCARCERATED PARENTS, CHILDREN, FAMILY MEMBERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDIA MATTERS FOR AMERICA</td>
<td>47-0928008</td>
<td>501(C)(3)</td>
<td>15,000</td>
<td>0</td>
<td>TO COMPREHENSIVELY MONITOR, ANALYZE, AND CORRECT CONSERVATIVE MISINFORMATION AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1625 MASSACHUSETTS AVE, NW, SUITE 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIONAL SECURITY INITIATIVE &quot;NEW IDEAS FUND&quot; PROJECT - 1333 H ST., NW, 10TH FLOOR - WASHINGTON, DC 20005</td>
<td>04-3813046</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td>TO EDUCATE THE PUBLIC ON NATIONAL SECURITY,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORML FOUNDATION</td>
<td>04-3021279</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td>TO EDUCATE THE PUBLIC ABOUT THE COSTS OF MARIJUANA PROHIBITION AND THE BENEFITS OF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1600 K ST, NW, SUITE 501</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRISON UNIVERSITY PROJECT</td>
<td>94-3213100</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td>TO PROVIDE HIGHER EDUCATION TO INCARCERATED POPULATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.O. BOX 492</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAN QUENTIN, CA 94964</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**JK IRWIN FOUNDATION**

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROCOM.ORG 233 WILSHIRE BLVD, STE 200  SANTA MONICA, CA 90401</td>
<td>57-1210185</td>
<td>501(C)(3)</td>
<td>25,000</td>
<td>0</td>
<td>TO PROMOTE EDUCATION AND INFORMED CITIZENSHIP BY PRESENTING CONTROVERSIAL ISSUES IN A SIMPLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUSHBACK NETWORK 4801 EXPOSITION BLVD LOS ANGELES, CA 90016</td>
<td>95-4635737</td>
<td>501(C)(3)</td>
<td>20,000</td>
<td>0</td>
<td>TO BUILD BOTTOM-UP, STATE-BASED ALLIANCES TO EMPOWER COMMUNITIES OF COLOR, POOR AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE SENTENCING PROJECT 514 TENTH ST, NW, SUITE 1000 WASHINGTON, DC 20004</td>
<td>52-1472546</td>
<td>501(C)(3)</td>
<td>15,000</td>
<td>0</td>
<td>TO RESEARCH AND EDUCATE ON CRIMINAL JUSTICE POLICY REFORM.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THRESHOLD FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129</td>
<td>13-3028214</td>
<td>501(C)(3)</td>
<td>20,000</td>
<td>0</td>
<td>TO ASSIST IN GRANT-MAKING TOWARD A MORE JUST AND SUSTAINABLE ENVIRONMENT.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USACTION EDUCATION FUND 1825 K ST., NW, SUITE 210 WASHINGTON, DC 20006</td>
<td>52-2214307</td>
<td>501(C)(3)</td>
<td>10,000</td>
<td>0</td>
<td>TO ENGAGE AND MOBILIZE VOTERS ON LOCAL, STATE AND NATIONAL ISSUES IN LOW-INCOME, URBAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIP MENTORS 180 HOWARD ST., 9TH FLOOR SAN FRANCISCO, CA 94105</td>
<td>94-3147830</td>
<td>501(C)(3)</td>
<td>5,000</td>
<td>0</td>
<td>TO MENTOR YOUTH OFFENDERS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOMEN'S VOICES WOMEN VOTE 1707 L ST, NW, SUITE 750 WASHINGTON, DC 20036</td>
<td>55-0889748</td>
<td>501(C)(3)</td>
<td>20,000</td>
<td>0</td>
<td>TO ACTIVATE UNMARRIED AMERICANS IN THEIR GOVERNMENT AND IN OUR DEMOCRACY.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
NEIGHBORHOODS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CONSTITUTION SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THAT FUNDAMENTAL PRINCIPLES OF HUMAN DIGNITY, INDIVIDUAL RIGHTS AND LIBERTIES, GENUINE EQUALITY, AND ACCESS TO JUSTICE ENJOY THEIR RIGHTFUL, CENTRAL PLACE IN AMERICAN LAW.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR COMMUNITY CHANGE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD THE POWER AND CAPACITY OF LOW INCOME PEOPLE, PARTICULARLY PEOPLE OF COLOR, TO CHANGE THE POLICIES AND INSTITUTIONS THAT AFFECT THEIR LIVES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR SOCIAL INCLUSION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO LINK RESEARCH AND ADVOCACY TO BUILD CAPACITY IN COMMUNITIES OF COLOR AND TO FORGE LINKS WITH OTHERS TO INCREASE THEIR UNDERSTANDING OF STRUCTURAL RACISM, HOW IT OPERATES AND TO DEVELOP LONG-TERM STRATEGIES TO DISMANTLE IT.

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO BROADEN THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC ALTERNATIVES TO THE WAR ON DRUGS.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR AMERICA'S FUTURE INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE THE COMMON GOOD AND WELFARE OF THE GENERAL PUBLIC BY EDUCATING THE PUBLIC AND BY SUPPORTING PUBLIC EFFORTS AT REFORM OF ECONOMIC AND SOCIAL CONDITIONS.
NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES FOR PRISONERS WITH CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE FOR THE CIVIL RIGHTS AND EMPOWERMENT OF INCARCERATED PARENTS, CHILDREN, FAMILY MEMBERS, AND PEOPLE AT RISK FOR INCARCERATION.

NAME OF ORGANIZATION OR GOVERNMENT: MEDIA MATTERS FOR AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPREHENSIVELY MONITOR, ANALYZE, AND CORRECT CONSERVATIVE MISINFORMATION AND INACCURACIES IN THE MEDIA.

NAME OF ORGANIZATION OR GOVERNMENT: NORML FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE THE PUBLIC ABOUT THE COSTS OF MARIJUANA PROHIBITION AND THE BENEFITS OF ALTERNATIVE POLICIES, TO UNDERTAKE RESEARCH INTO VARIOUS ASPECTS OF MARIJUANA AND MARIJUANA POLICY IMPLICATION, AND TO PROVIDE LEGAL SUPPORT AND ASSISTANCE TO VICTIMS OF THE CURRENT LAWS.

NAME OF ORGANIZATION OR GOVERNMENT: PROCON.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EDUCATION AND INFORMED CITIZENSHIP BY PRESENTING CONTROVERSIAL ISSUES IN A SIMPLE, NONPARTISAN PRIMARILY PRO-CON FORMAT.

NAME OF ORGANIZATION OR GOVERNMENT: PUSHBACK NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD BOTTOM-UP, STATE-BASED ALLIANCES TO EMPOWER COMMUNITIES OF COLOR, POOR AND LOW-INCOME PEOPLE, AND UNDER-REPRESENTED CONSTITUENCIES.

NAME OF ORGANIZATION OR GOVERNMENT: USACTION EDUCATION FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE AND MOBILIZE VOTERS ON LOCAL, STATE AND NATIONAL ISSUES IN LOW-INCOME, URBAN COMMUNITIES AND IN SUBURBAN AND EXURBAN MIDDLE-INCOME COMMUNITIES.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES
OF THE TIDES FOUNDATION, ALL AS A SUPPORTING ORGANIZATION OF THE TIDES
FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(3) OF THE INTERNAL
REVENUE CODE OF 1986, AS AMENDED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

509(A)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.

FORM 990, PART VI, SECTION A, LINE 10: MANAGEMENT WORKS CLOSELY WITH TAX
RETURN PREPARERS AND REVIEWS THE RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR AND PRINCIPAL
OFFICER OF THE FOUNDATION AND EACH MEMBER OF A COMMITTEE WITH
BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN THE CONFLICT OF INTEREST
STATEMENT AND DISCLOSURE FORM. PERIODIC REVIEWS ARE CONDUCTED TO ENSURE
THAT THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS
TAX-EXEMPT STATUS. BOARD MEETINGS ARE HELD TO DETERMINE WHETHER CONFLICTS
OF INTEREST EXIST AND TO CONSIDER PROPOSED TRANSACTIONS OR ARRANGEMENTS
THAT MAY CAUSE CONFLICTS OF INTEREST AND THE ALTERNATIVES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION ARRANGEMENTS
(INCLUDING BENEFITS) ARE DETERMINED BASED ON COMPETENT SURVEY INFORMATION
AND AS THE RESULT OF ARM’S LENGTH BARGAINING.
FORM 990, PART VI, SECTION C, LINE 19: INFORMATION REGARDING THE ORGANIZATION’S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS IS AVAILABLE UPON REQUEST.
THE JK IRWIN FOUNDATION

San Francisco, CA 94123

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886. Statement number 1 of 9

B Enter the form number of the tax return to which this form is attached or related. 990-PF

Enter the year of the tax return identified above. 2008

C Check the box(es) that apply (see instructions). No

1a Name of reportable transaction

OTHER LOSS

1b Initial year participated in transaction N/A

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits) N/A

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions). No

a Listed

b Confidential

c Contractual protection

d Loss

e Brief asset holding period

2f Transaction of interest

3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest. N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form. N/A

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.) No

a Type of entity: Partnership

b Name. MILLGATE MASTER FUND LTD

c Employer identification number (EIN), if known. 98-0194867

d Date Schedule K-1 received from entity. 7/31/09

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.) No

a Name N/A

b Name N/A

For Paperwork Reduction Act Notice, see separate instructions.
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

   ☐ Deductions ☐ Exclusions from gross income ☐ Tax credits ☐ Other __________
   ☑ Capital loss ☐ Nonrecognition of gain ☐ Deferral
   ☑ Ordinary loss ☐ Adjustments to basis ☐ Absence of adjustments to basis

   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT A-1.


8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

   a Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

   Name N/A
   Address N/A
   Description N/A

   b Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

   Name N/A
   Address N/A
   Description N/A
FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

Page 2, Line 7 b

MILLGATE MASTER FUND LTD ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.

STATEMENT A-1
**Reportable Transaction Disclosure Statement**

**Name(s) shown on return (individuals enter last name, first name, middle initial)**

THE JK IRWIN FOUNDATION

**Identifying number**

56-2678107

**Number, street, and room or suite no.**

2233 LOMBARD STREET

**City or town, state, and ZIP code**

SAN FRANCISCO, CA 94123

**Form 8886 (Rev. December 2007)**

**Department of the Treasury**

**Internal Revenue Service**

**Attachment Sequence No.**

137

**Statement number**

2 of 9

**Form number of the tax return to which this form is attached or related**

990-PF

**Year of the tax return identified above**

2008

**Is this Form 8886 being filed with an amended tax return?**

☐ Yes  ☒ No

**Check the box(es) that apply (see instructions).**

☐ Initial year filer  ☒ Protective disclosure

**1a Name of reportable transaction**

OTHER LOSS

**1b Initial year participated in transaction**

N/A

**1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)**

N/A

**2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).**

☐ Listed  ☐ Contractual protection  ☐ Brief asset holding period

☐ Confidential  ☒ Loss  ☐ Transaction of interest

**3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest**

N/A

**4 Enter the number of “same as or substantially similar” transactions reported on this form**

N/A

**5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)**

**a Type of entity:**

☒ Partnership  ☐ Partnership

☐ S corporation  ☐ S corporation

☐ Trust  ☐ Trust

☐ Foreign  ☐ Foreign

**b Name**

NORTH SOUND LEGACY INSTITUTIONAL FUND, LLC

**c Employer Identification number (EIN), if known**

06-1627435

**d Date Schedule K-1 received from entity (enter “none” if Schedule K-1 not received)**

7/31/09

**6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)**

**a Name**

N/A

**b Name**

N/A

**For Paperwork Reduction Act Notice, see separate instructions.**

ISA

STL24910011

Form 8886 (Rev. 12-2007)
7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

☐ Deductions ☐ Exclusions from gross income ☐ Tax credits ☐ Other __________
☑ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☑ Ordinary loss ☐ Adjustments to basis ☐ Absence of adjustments to basis

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT A-2.

---

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

a Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name N/A

Address N/A

Description N/A

---

b Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name N/A

Address N/A

Description N/A
FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

Page 2, Line 7 b

NORTH SOUND LEGACY INSTITUTIONAL FUND, LLC ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.

STATEMENT A-2
**Reportable Transaction Disclosure Statement**

- **Name(s) shown on return (individuals enter last name, first name, middle initial):** THE JK IRWIN FOUNDATION
  - **Identifying number:** 56-2678107

- **Number, street, and room or suite no.:** 2233 LOMBARD STREET
  - **City or town, state, and ZIP code:** SAN FRANCISCO, CA 94123

---

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 of 9

**B** Enter the form number of the tax return to which this form is attached or related of 990-PF

**C** Check the box(es) that apply (see instructions).

- Initial year filer
- Protective disclosure

---

**1a Name of reportable transaction:** OTHER LOSS

**1b Initial year participated in transaction:** N/A

**1c Reportable transaction or tax shelter registration number (9 digits or 11 digits):** N/A

**2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- Listed
- Contractual protection
- Brief asset holding period
- Confidential
- Loss
- Transaction of interest

**3** If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest of N/A

**4** Enter the number of "same as or substantially similar" transactions reported on this form of N/A

---

**5** If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

- Type of entity:
  - Partnership
  - S corporation
  - Trust
  - Foreign

**6** Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

- **a Name:** PERRY PARTNERS, LP
  - **Employer identification number (EIN), if known:** 13-3492525
  - **Date Schedule K-1 received from entity:** 7/31/09

---

For Paperwork Reduction Act Notice, see separate instructions.
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
      ☐ Deductions ☐ Exclusions from gross income ☐ Tax credits ☐ Other
      ☒ Capital loss ☐ Nonrecognition of gain ☐ Deferral
      ☒ Ordinary loss ☐ Adjustments to basis ☐ Absence of adjustments to basis

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT A-3.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)
   a Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name N/A
Address N/A
Description N/A

   b Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name N/A
Address N/A
Description N/A
PERRY PARTNERS, LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.

STATEMENT A-3
**Reportable Transaction Disclosure Statement**

**Name(s) shown on return (individuals enter last name, first name, middle initial)**

THE JK IRWIN FOUNDATION

**Identifying number**

56-2678107

**Number, street, and room or suite no.**

2233 LOMBARD STREET

**City or town, state, and ZIP code**

SAN FRANCISCO, CA 94123

---

**A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886. Statement number 4 of 9

**B** Enter the form number of the tax return to which this form is attached or related. 990-PF

Enter the year of the tax return identified above. 2008

Is this Form 8886 being filed with an amended tax return? □ Yes □ No

**C** Check the box(es) that apply (see instructions).

- Initial year filer □
- Protective disclosure □

---

**1a Name of reportable transaction**

**OTHER LOSS**

**1b Initial year participated in transaction**

**1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)**

N/A

---

**2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).**

- Listed □
- Contractual protection □
- Confidential □
- Loss □
- Brief asset holding period □
- Transaction of interest □

---

**3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest.**

N/A

---

**4 Enter the number of "same as or substantially similar" transactions reported on this form.**

N/A

---

**5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)**

- Type of entity:
  - Partnership □
  - S corporation □
  - Trust □
  - Foreign □
  - Employer identification number (EIN), if known □

- Employer identification number (EIN), if known.

- Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received).

- 7/31/09

---

**6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)**

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>Identifying number (if known)</th>
<th>Fees paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

- Number, street, and room or suite no.

---

For Paperwork Reduction Act Notice, see separate instructions.

Form 8886 (Rev. 12-2007)
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
      □ Deductions  □ Exclusions from gross income  □ Tax credits  □ Other ___________
      √ Capital loss  □ Nonrecognition of gain  □ Deferral
      □ Ordinary loss  □ Adjustments to basis  □ Absence of adjustments to basis
   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.
      SEE STATEMENT A-4.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)
   a Type of entity:  □ Tax-exempt  □ Foreign  □ Related  | Identifying number
      Name N/A
      Address N/A
      Description N/A

   b Type of entity:  □ Tax-exempt  □ Foreign  □ Related  | Identifying number
      Name N/A
      Address N/A
      Description N/A
TIEDEMANN GLOBAL EMERGING MARKETS LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.
8886
Reportable Transaction Disclosure Statement

(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Name(s) shown on return (individuals enter last name, first name, middle initial)
THE JK IRWIN FOUNDATION
Identifying number
56-2678107

Number, street, and room or suite no.
2233 LOMBARD STREET
City or town, state, and ZIP code
SAN FRANCISCO, CA 94123

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886
Statement number
5
of
9

B Enter the form number of the tax return to which this form is attached or related

Enter the year of the tax return identified above
2008

Is this Form 8886 being filed with an amended tax return?
☐ Yes ☒ No

C Check the box(es) that apply (see instructions).
☒ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

OTHER LOSS

1b Initial year participated in transaction

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)
N/A

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

☐ Listed ☐ Confidential ☐ Contractual protection ☐ Brief asset holding period ☐ Transaction of Interest

3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest
N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form
N/A

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

a Type of entity:
☒ Partnership ☐ Partnership
☐ S corporation ☐ S corporation
☐ Trust ☐ Trust
☐ Foreign ☐ Foreign

b Name
BUENA VISTA HG FUND, LP

c Employer Identification number (EIN), if known
20-1708144

d Date Schedule K-1 received from entity
enter "none" if Schedule K-1 not received
7/31/09

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name
N/A
Identifying number (if known)
Fees paid
$ 
Number, street, and room or suite no.

City or town, state, and ZIP code
b Name
N/A
Identifying number (if known)
Fees paid
$ 
Number, street, and room or suite no.

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see separate instructions.

ISA

Form 8886 (Rev. 12-2007)
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
   ☐ Deductions   ☐ Exclusions from gross income   ☐ Tax credits   ☐ Other _________
   ☑ Capital loss ☐ Nonrecognition of gain   ☐ Deferral
   ☑ Ordinary loss ☐ Adjustments to basis   ☐ Absence of adjustments to basis

   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

   SEE STATEMENT A-5.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

   a Type of entity:   ☐ Tax-exempt   ☐ Foreign   ☐ Related   Identifying number

   Name N/A

   Address N/A

   Description N/A

   b Type of entity:   ☐ Tax-exempt   ☐ Foreign   ☐ Related   Identifying number

   Name N/A

   Address N/A

   Description N/A
BUENA VISTA HG FUND, LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.
Reportable Transaction Disclosure Statement

Name(s) shown on return (individuals enter last name, first name, middle initial)
THE JK IRWIN FOUNDATION
Identifying number
56-2678107

Number, street, and room or suite no.
2233 LOMBARD STREET
City or town, state, and ZIP code
SAN FRANCISCO, CA 94123

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ➤ Statement number 6 of 9

B Enter the form number of the tax return to which this form is attached or related ➤ 990-PF

Enter the year of the tax return identified above ➤ 2008

Is this Form 8886 being filed with an amended tax return?
☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☒ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction
OTHER LOSS

1b Initial year participated in transaction
N/A

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)
N/A

2 Identify the type of reportable transaction. Check all boxes that apply (see Instructions).

a [ ] Listed ➤ c [ ] Contractual protection e [ ] Brief asset holding period
b [ ] Confidential d [x] Loss f [ ] Transaction of interest

3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest ➤ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ➤ N/A

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

a Type of entity:
[ ] Partnership [ ] Partnership
[ ] S corporation [ ] S corporation
[ ] Trust [ ] Trust
[ ] Foreign [ ] Foreign

b Name ➤ DRAWBRIDGE SPECIAL OPPORTUNITIES FUND LP

c Employer identification number (EIN), if known ➤ 37-1428465

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ➤ 7/31/09

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name ➤ N/A
Identifying number (if known) $0

Number, street, and room or suite no.

City or town, state, and ZIP code

b Name ➤ N/A
Identifying number (if known) $0

Number, street, and room or suite no.

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see separate instructions.

ISA
STF LDYQ1001 1

Form 8886 (Rev. 12-2007)
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
      □ Deductions  □ Exclusions from gross income  □ Tax credits  □ Other __________
      □ Capital loss  □ Nonrecognition of gain  □ Deferral
      □ Ordinary loss  □ Adjustments to basis  □ Absence of adjustments to basis
   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction. SEE STATEMENT A-6.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)
   a Type of entity:  □ Tax-exempt  □ Foreign  □ Related
      Name N/A
      Address N/A
      Description N/A
   b Type of entity:  □ Tax-exempt  □ Foreign  □ Related
      Name N/A
      Address N/A
      Description N/A
DRAWBRIDGE SPECIAL OPPORTUNITIES FUND, LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREBIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.
Form 8886
Reportable Transaction Disclosure Statement

Name(s) shown on return (individuals enter last name, first name, middle initial)
THE JK IRWIN FOUNDATION
Identifying number
56-2678107

Number, street, and room or suite no.
2233 LOMBARD STREET
City or town, state, and ZIP code
SAN FRANCISCO, CA 94123

If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886
Statement number 7 of 9

Enter the form number of the tax return to which this form is attached or related
990-PF

Enter the year of the tax return identified above
2008

Is this Form 8886 being filed with an amended tax return?
□ Yes □ No

Check the box(es) that apply (see instructions).
□ Initial year flier □ Protective disclosure

1a Name of reportable transaction
OTHER LOSS

1b Initial year participated in transaction
N/A

1c Reportable transaction or tax shelter registration number
(9 digits or 11 digits)
N/A

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
□ Listed □ Confidential □ Contractual protection □ Brief asset holding period
□ Transaction of interest

If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest
N/A

Enter the number of "same as or substantially similar" transactions reported on this form
N/A

If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

□ Partnership □ S corporation □ Trust
□ Foreign

b Name
PARALON CAPITAL PARTNERS LP

c Employer identification number (EIN), if known
94-3106322

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received)
7/31/09

Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name
N/A

Identifying number (if known)

Fees paid
$

Number, street, and room or suite no.

City or town, state, and ZIP code

b Name
N/A

Identifying number (if known)

Fees paid
$

Number, street, and room or suite no.

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see separate instructions.
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
      ☐ Deductions  ☐ Exclusions from gross income  ☐ Tax credits  ☐ Other __________
      ☑ Capital loss  ☐ Nonrecognition of gain  ☐ Deferral
      ☐ Ordinary loss  ☐ Adjustments to basis  ☐ Absence of adjustments to basis

   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT A-7.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

   a Type of entity:  ☐ Tax-exempt  ☐ Foreign  ☐ Related  Identifying number

   Name N/A
   Address N/A
   Description N/A

   b Type of entity:  ☐ Tax-exempt  ☐ Foreign  ☐ Related  Identifying number

   Name N/A
   Address N/A
   Description N/A
FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

Page 2, Line 7 b

FARALLON CAPITAL PARTNERS LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2007. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.

STATEMENT A-7
# Reportable Transaction Disclosure Statement

**Name(s) shown on return (individuals enter last name, first name, middle initial)**

THE JK IRWIN FOUNDATION  

**Number, street, and room or suite no.**

2233 LOMBARD STREET  

**City or town, state, and ZIP code**

SAN FRANCISCO, CA 94123

---

**A**

If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886.

**Statement number**

8 of 9

**B**

Enter the form number of the tax return to which this form is attached or related.

**Form 990-PF**

---

**C**

Enter the year of the tax return identified above.

2008

**Is this Form 8886 being filed with an amended tax return?**

☐ Yes  ☒ No

---

**1a Name of reportable transaction**

**OTHER LOSS**

---

**1b Initial year participated in transaction**

N/A

---

**1c Reportable transaction or tax shelter registration number**

(9 digits or 11 digits)

N/A

---

**2**

Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- ☐ Listed  ☐ Contractual protection  ☐ Brief asset holding period
- ☐ Confidential  ☒ Loss  ☐ Transaction of interest

---

**3**

If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest.

N/A

---

**4**

Enter the number of "same as or substantially similar" transactions reported on this form.

N/A

---

**5**

If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

- ☒ Partnership  ☐ S corporation  ☐ Foreign
- ☐ Trust  ☐ Foreign

---

**b Name**

TACONIC OPPORTUNITY FUND LP

---

**c Employer Identification number (EIN), if known**

20-1689821

---

**d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received)**

7/31/09

---

**6**

Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

---

**a Name**

N/A

---

**Identifying number (if known)**

---

**Fees paid**

---

**b Name**

N/A

---

**Identifying number (if known)**

---

**Fees paid**

---

For Paperwork Reduction Act Notice, see separate instructions.
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
      □ Deductions □ Exclusions from gross income □ Tax credits □ Other __________
      □ Capital loss □ Nonrecognition of gain □ Deferral
      □ Ordinary loss □ Adjustments to basis □ Absence of adjustments to basis

   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relates to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT A-8.


8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)

   a Type of entity: □ Tax-exempt □ Foreign □ Related

   Name N/A
   Address N/A
   Description N/A

   b Type of entity: □ Tax-exempt □ Foreign □ Related

   Name N/A
   Address N/A
   Description N/A
TACONIC OPPORTUNITY FUND LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.

STATEMENT A-8
Form 8886  
Reportable Transaction Disclosure Statement

Name(s) shown on return (individuals enter last name, first name, middle initial)  
The Jk Irwin Foundation  
Identifying number  
56-2678107  

Number, street, and room or suite no.  
2233 Lombard Street  
City or town, state, and ZIP code  
San Francisco, CA 94123  

A  If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886  
Statement number 9 of 9  

B  Enter the form number of the tax return to which this form is attached or related  
990-PF  

Enter the year of the tax return identified above  
2008  

C  Check the box(es) that apply (see instructions).  
X Initial year filer  
X Protective disclosure  

1a Name of reportable transaction  

OTHER LOSS  
1b Initial year participated in transaction  
N/A  

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)  
N/A  

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).  
a X Listed  
b ☐ Confidential  
c ☐ Contractual protection  
d ☐ Loss  
e ☐ Brief asset holding period  
f ☐ Transaction of interest  

3 If you checked box 2a or 2f, enter the published guidance number for the listed transaction or transaction of interest  
N/A  

4 Enter the number of "same as or substantially similar" transactions reported on this form  
N/A  

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)  
a X Partnership  
b ☐ S corporation  
c ☐ Trust  
d ☐ Foreign  

c Employer Identification number (EIN), if known  
82-0547065  

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received)  
7/31/09  

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)  
a Name  
N/A  

b Name  
N/A  

For Paperwork Reduction Act Notice, see separate instructions.
7 Facts
   a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).
      □ Deductions □ Exclusions from gross income □ Tax credits □ Other ________
      □ Capital loss □ Nonrecognition of gain □ Deferral
      □ Ordinary loss □ Adjustments to basis □ Absence of adjustments to basis
   b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT A-9.

8 Identify all tax-exempt, foreign, and related entities and individuals involved in the transaction. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each related entity, explain how it is related. (Attach additional sheets, if necessary.)
   a Type of entity: □ Tax-exempt □ Foreign □ Related
      Name N/A
      Address N/A
      Description N/A

   b Type of entity: □ Tax-exempt □ Foreign □ Related
      Name N/A
      Address N/A
      Description N/A
WATERSHED CAPITAL PARTNERS LP ("THE FUND") TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND ENGAGES IN TRANSACTIONS THAT RESULT IN IRC SECTION 988 ORDINARY GAINS AND LOSSES. LOSSES REPORTED HEREIN AS WELL AS GAINS HAVE RESULTED FROM THE REGULAR ACTIVITIES OF THE FUND.

THE ADJUSTED TAX BASIS ON NON-US DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND ARE DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE SECTION 988. DUE TO THE NATURE AND VOLUME OF ACTIVITY, IT IS NOT PRACTICAL TO ASCERTAIN WHETHER THE RELEVANT REPORTABLE LOSS THRESHOLDS ARE EXCEEDED FOR A GIVEN TRANSACTION OR DETERMINE WITH CERTAINTY WHETHER A GIVEN TRANSACTION HAS MET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2004-66, AND AS SUCH THE TAXPAYER IS REPORTING THESE TRANSACTIONS TO THE IRS ON A PROTECTIVE BASIS.

THE FUND IS A PARTNERSHIP WITH LIMITED PARTNERS. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE FUND GENERATES INCOME AND LOSS FROM ITS REGULAR ACTIVITIES AND PROVIDES RELEVANT INFORMATION TO EACH PARTNER FOR PURPOSES OF FILING THEIR RESPECTIVE TAX RETURN. A PARTNER'S SHARE OF ANY LOSS IS AVAILABLE TO BE CLAIMED ON A PARTNER'S TAX RETURN FOR 2008. IT IS NOT ANTICIPATED THAT THESE TRANSACTIONS WILL RESULT IN TAX BENEFITS IN ANY PRIOR OR FUTURE RETURNS.
Form 8888 (Rev. 4-2009)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Exempt Organization</td>
<td>56-2678107</td>
</tr>
<tr>
<td>JK IRWIN FOUNDATION</td>
<td>For IRS use only</td>
</tr>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>2233 LOMBARD STREET</td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>SAN FRANCISCO, CA 94123</td>
</tr>
</tbody>
</table>

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

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

**STOP!** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.

SUE ELDREDGE

- The books are in the care of ▶ 2233 LOMBARD ST. – SAN FRANCISCO, CA 94123

Telephone No. ▶ 415-921-4987

FAX No. ▶ N/A

- If the organization does not have an office or place of business in the United States, check this box ► □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ▶ □

If this is for part of the group, check this box ▶ □, and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 16, 2009**.

5 For calendar year 2008, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason:

- □ Initial return
- □ Final return
- □ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ 8a

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8888. $ 8b

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ 8c

**Signature and Verification**

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

Signature ▶ [Signature]

Title ▶ [Title]

Date ▶ 8/7/09

K. Frandsen

Ogden, UT