Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Α	For t	he 2007 calend	dar year, c	or tax year beginning		, 2007,	and e	ending	l			,		
В	Check	if applicable:		ILLE MEDICAT WOOTS	SISTANCE FOUNDATION, I			NC.		Empl	oyer Idei	ntification N	umber	
	Ad	ddress change	Please use IRS label							42	-152	2461		
	Na	Name change or print 1942 CHERRY TREE LANE E TE										mber		
	In	Initial return See PAIRFIELD, IA 52556									1-47	2-2735)	
	Te	ermination	Instruc- tions.						F	Acco meth	unting od:	X Ca	sh	Accrual
	Ar	mended return									Other (sp		L	1
	Ap	Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to see										organization	ns.	
		charitable trusts must attach a completed Schedule A (Figure 2002 Fig. 1) It is a group return for											Yes	X No
_	(Form 990 or 990-EZ). H (b) If 'Yes,' enter number o											•	7	
G	Web	Veb site: ► N/A H (c) Are all affiliates include											Yes	No
J	Organization type (check only one) ► X 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527 H (d) Is this a separate return											•		
	•							H (a)	Is this a separation con			T	٦.,	X No
n	Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ☐ 156,228. Organization covered by organization and its gross required, but if the to attach Schedule B (and the complete return).											-	Yes	A No
													roquiro	Ч
L														
							Rala	nces						<i>/</i> ·
1 6	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction) 1 Contributions, gifts, grants, and similar amounts received:													
				advised funds		ĺ	1 a	J						
REVENUE				not included on line 1a)				_	156,2	28				
				(not included on line 1a)					130,2	.20.				
				ons (grants) (not included or										
	e	Total (add lines	och S	156,228. noncas	ь \$		``	·			1 e		156	228.
	2	Program serv	ice reveni	ue including government fee	s and contract	s (from Part)	, VII li	ne 93			2		100,	
	3	· ·		assessments		•				ŀ	3			
	4	•		temporary cash investmen							4			
	5		-	from securities							5			
	6a							1						
				oss). Subtract line 6b from I							6c			
	7			ne (describe)	7			
	0.			es of assets other		curities			(B) Other	Í				
	oa			es oi assets other			8 a	1						
	b	Less: cost or	other bas	is and sales expenses			8 t)						
	С	Gain or (loss) (at	tach schedul	le)			80	:						
	d	Net gain or (lo	oss). Com	nbine line 8c, columns (A) a	nd (B)				<u></u> .		8d			
				ivities (attach schedule). If a			, che	ck here	e ►					
	а			luding \$				1						
			•				9 a							
			•	other than fundraising exper)			0.5			
				om special events. Subtract				 . İ			9 c			
				y, less returns and allowand				1						
			5	les of inventory (attach schedule). S				1			10c			
	11	-	-	art VII, line 103)							11			
	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9							12		156	228.
E X P E N S E S	13			n line 44, column (B))							13			698.
	14										14		<u> </u>	0,00.
	15										15			
	16	• • • • • • • • • • • • • • • • • • • •		(attach schedule)							16			
	17			nes 16 and 44, column (A).							17		156	698.
A N S	18			he year. Subtract line 17 fro							18			-470.
				inces at beginning of year (f						ľ	19			433.
N S E E T T	20			ssets or fund balances (atta						1	20		,	
S	21			inces at end of vear. Combi							21		19.	963.