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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2008**

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Open to Public Inspection for 501(c)(3) Organizations Only

A  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)  
**THE ELI AND EDYTHE BROAD FOUNDATION**  
**AKA THE BROAD FOUNDATION**

D Employer identification number (Employees' trust, see instructions for Block D on page 9)  
**95-4686318**

B Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Print or Type  
Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.  
**10900 WILSHIRE BLVD., 12TH FLOOR**

E Unrelated business activity codes (See instructions for Block E on page 9)  
**900000**

City or town, state, and ZIP code  
**LOS ANGELES, CA 90024-6532**

C Book value of all assets at end of year  
**1,348,977.000.**

F Group exemption number (See instructions for Block F.)

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 15**

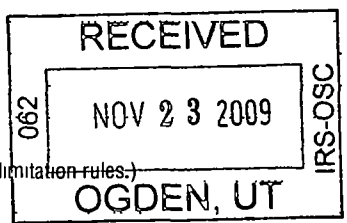
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **CINDY S. QUANE** Telephone number **(310) 954-5025**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	<b>-4220478.</b>	<b>STMT 16</b>	<b>-4220478.</b>

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	<b>0.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<b>-4220478.</b>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<b>-4220478.</b>
33	Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<b>-4220478.</b>



**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 28
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			0.

**SCHEDULE D**

**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

**2008**

Name of estate or trust

**THE ELI AND EDYTHE BROAD FOUNDATION  
AKA THE BROAD FOUNDATION**

Employer identification number

**95-4686318**

Note: Form 5227 filers need to complete only Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a SHORT TERM CAPITAL LOSS FROM PARTNERSHIPS</b>			0.	43,830.	-43,830.
<b>LONG TERM CAPITAL LOSS FROM PARTNERSHIPS</b>			0.	1156427.	-1,156,427.

**b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b

**1b**

**2** Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824

**2**

**3** Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts

**3**

**4** Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet

**4** ( )

**5** **Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on page 2

**5**

-1,200,257.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6 a</b>					

**b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b

**6b**

**7** Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

**7**

**8** Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

**8**

**9** Capital gain distributions

**9**

**10** Gain from Form 4797, Part I

**10**

**11** Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet

**11** ( )

**12** **Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on page 2

**12**

SCHEDULE D	CAPITAL LOSS CARRYOVER WORKSHEET	STATEMENT 17
1. ENTER THE AMOUNT FROM FORM 990-T, LINE 34 . . . . .		-4,220,478
2. ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT . .		3,000
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0- . . . . .		0
4. ENTER THE SMALLER OF LINE 2 OR LINE 3 . . . . .		0
NOTE: IF LINE 5 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.		
5. ENTER THE LOSS FROM SCH D, LINE 5, AS A POSITIVE AMOUNT . . .		1,200,257
6. ENTER ANY GAIN FROM SCHEDULE D, LINE 12 . . . . .		0
7. ADD LINES 5 AND 6 . . . . .		0
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2009. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- . . . . .		1,200,257
NOTE: IF LINE 12 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 12, AS A POSITIVE AMT . .		0
10. ENTER ANY GAIN FROM SCHEDULE D, LINE 5 . . . . .		0
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0- . . . . .		0
12. ADD LINES 10 AND 11 . . . . .		0
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2009. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- . . . . .		0

THE ELI AND EDYTHE BROAD FOUNDATION

Schedule D (Form 1041) 2008 **AKA THE BROAD FOUNDATION**

**95-4686318** Page 2

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
<i>Caution: Read the instructions before completing this part.</i>				
<b>13</b> Net short-term gain or (loss)	<b>13</b>		-1,200,257.	-1,200,257.
<b>14</b> Net long-term gain or (loss):				
a Total for year	<b>14a</b>			
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	<b>14b</b>			
c 28% rate gain	<b>14c</b>			
<b>15</b> Total net gain or (loss). Combine lines 13 and 14	<b>15</b>		-1,200,257.	-1,200,257.

*Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

<b>Part IV Capital Loss Limitation</b>	
<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	<b>16</b> ( 3,000. )

*Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.*

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	<b>17</b>	
<b>18</b> Enter the smaller of line 14a or 15 in column (2) but not less than zero	<b>18</b>	
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	<b>19</b>	
<b>20</b> Add lines 18 and 19	<b>20</b>	
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	<b>21</b>	
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0-	<b>22</b>	
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0-	<b>23</b>	
<b>24</b> Enter the smaller of the amount on line 23 or \$2,200	<b>24</b>	
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	<b>25</b>	
<b>26</b> Subtract line 25 from line 24	<b>26</b>	
<b>27</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 through 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	<b>27</b>	
<b>28</b> Enter the amount from line 26 (if line 26 is blank, enter -0-)	<b>28</b>	
<b>29</b> Subtract line 28 from line 27	<b>29</b>	
<b>30</b> Multiply line 29 by 15% (.15)	<b>30</b>	
<b>31</b> Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	<b>31</b>	
<b>32</b> Add lines 30 and 31	<b>32</b>	
<b>33</b> Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	<b>33</b>	
<b>34</b> Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	<b>34</b>	

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 15

UBTI PASS THROUGH FROM PARTNERSHIP INVESTMENTS  
 TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 16

DESCRIPTION	AMOUNT
GS YES SPECIAL PARTNERSHIP	-115,259.
COLONY INVESTORS VI	-2,790,057.
SPO PARTNERS	-104,678.
COLONY INVESTORS VII	-401,845.
COLONY INVESTORS VIII	-52,024.
AG SUPERFUND	-7,394.
ABRAMS CAPITAL	-29,321.
TPG BLUEGRASS	-24,017.
MAKENA CAPITAL	-150,644.
WAUD CAPITAL	-397,242.
AMBERBROOK	-266.
BAUPOST	1,180.
AVENUE SPECIAL SITUATIONS III	14,779.
SAGEVIEW	100.
DORCHESTER PARTNERS	-69,554.
FORTRESS V	-91,236.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-4,217,478.

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 19)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
0.			0.	0.
Total dividends-received deductions included in column 8			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B).	
0.			0.	0.	



**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
(2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 **▶** 35c

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **▶** 36 0.

**37 Proxy tax.** See instructions **▶** 37

**38 Alternative minimum tax** **▶** 38

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **▶** 39 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **▶** 40a

**b** Other credits (see instructions) **▶** 40b

**c** General business credit. Attach Form 3800 **▶** 40c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **▶** 40d

**e Total credits** Add lines 40a through 40d **▶** 40e

**41** Subtract line 40e from line 39 **▶** 41 0.

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **▶** 42

**43 Total tax.** Add lines 41 and 42 **▶** 43 0.

**44 a** Payments: A 2007 overpayment credited to 2008 **▶** 44a

**b** 2008 estimated tax payments **▶** 44b

**c** Tax deposited with Form 8868 **▶** 44c

**d** Foreign organizations: Tax paid or withheld at source (see instructions) **▶** 44d

**e** Backup withholding (see instructions) **▶** 44e

**f** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **▶** 44f

**45 Total payments.** Add lines 44a through 44f **▶** 45

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **▶** 46

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **▶** 47 0.

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **▶** 48 0.

**49** Enter the amount of line 48 you want: **Credited to 2009 estimated tax** **▶** **Refunded** **▶** 49

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶** CAYMAN ISLANDS **▶** Yes  No

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file **▶** Yes  No

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶**

N/A

<b>1</b> Inventory at beginning of year <b>▶</b> 1	<b>6</b> Inventory at end of year <b>▶</b> 6
<b>2</b> Purchases <b>▶</b> 2	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 <b>▶</b> 7
<b>3</b> Cost of labor <b>▶</b> 3	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>▶</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>4a</b> Additional section 263A costs <b>▶</b> 4a	
<b>b</b> Other costs (attach schedule) <b>▶</b> 4b	
<b>5</b> <b>Total.</b> Add lines 1 through 4b <b>▶</b> 5	

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer [Signature] Date 11/11/09 Title TRUSTEE

Preparer's signature [Signature] Date 11/10/09 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code **▶** FAMILY OFFICE FINANCIAL SERVICES LLC  
10900 WILSHIRE BLVD, 12TH FL.  
LOS ANGELES, CA 90024

EIN 95-4825872 Phone no. (310) 954-5030