TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

December 31, 2008

Prepared for	
	The Ladder Alliance 1000 Bonnie Brae No. 200 Fort Worth, TX 76111
Prepared by	
	Charles O. Paul, CPA 7408 Continental Trail North Richland Hills, Texas 76180
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 16, 2009
Special Instructions	
	The return should be signed and dated.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2008

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2008)

Department of the Treasury Internal Revenue Service

832171 12-17-08

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. ► The organization may have to use a copy of this return to satisfy state reporting requirements.

and ending For the 2008 calendar year, or tax year beginning C Name of organization D Employer identification number Address change use IRS label or 06-1674011 Name change THE LADDER ALLIANCE print or type. Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-1000 BONNIE BRAE 200 817-834-2100 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption FORT WORTH, TX 76111 Number - Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: Cash X Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.LADDERALLIANCE.ORG H Check ► if the organization is not J 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Check Lift the organization is not a section 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. 251,438. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.... Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 251,359. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 50 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ _____ 47,810 . of contributions 6a reported on line 1) 16,618. **b** Less: direct expenses other than fundraising expenses -16,618.c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 79. Other revenue (describe ► INTEREST 8 8 234,820. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members 11 11 165,303. 12 Salaries, other compensation, and employee benefits 12 5,650. 13 Professional fees and other payments to independent contractors 13 31,792. 14 14 Occupancy, rent, utilities, and maintenance 1,776. 15 Printing, publications, postage, and shipping 15 67,813.SEE STATEMENT 1) 16 Other expenses (describe 16 272,334. _____ 17 17 Total expenses. Add lines 10 through 16 -37,514.18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 57,091. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 19,577. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 43,809.22 14,513. 22 Cash, savings, and investments 23 Land and buildings SEE STATEMENT 2) 14,537. 16,598. 24 24 Other assets (describe ► 60,407.25 29,050. Total assets 25 Total liabilities (describe ► ACCRUED EXPENSES 3,316.269,473. 26 57,091. 27 19,577. Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

						
	art III Statement of Program Service Accomplishmen		Part III.)			penses
Wha	at is the organization's primary exempt purpose? ASSISTANCE TO	ABUSED WOMEN				for 501(c)(3) ganizations and
			escribe the services		4947(a)(1)	trusts; optional
	vided, the number of persons benefited, or other relevant information for each pr			= -	for others.)
28	——————————————————————————————————————					
	The state of the s	SKILLS TO ENA	BLE THEM	TO		
	BEGIN A LIFE OF SELF-SUFFICIENCY					224 424
•	(Grants \$) If this amount includes foreign g	rants, check here	······		28a	224,424
29		- Company of the Comp				
	(Cyanta C	wests obsolvhous			29a	
30	(Grants \$) If this amount includes foreign of	rants, check here			234	
00						
	(Grants \$) If this amount includes foreign of	rants, check here	—		30a	
31	Other program services (attach schedule)					
	· · · · · · · · · · · · · · · · · · ·	rants, check here	>		31a	
32				▶		224,424.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated. (See the	instructions f	or Part IV.)
		4.5-11		(d) Co	ontributions	(-) =
	(a) Name and address				employee efit plans &	(e) Expense account and
	(a) ratino ano accioco	se?ASSISTANCE TO ABUSED WOMEN rganization's exempt purposes. In a clear and concise manner, describe the services her relevant information for each program title. PROVIDES DISADVANTAGED AND ABUSED WOME ICATION AND JOB SKILLS TO ENABLE THEM TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		eferred	other allowances	
					pensation	
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التنتينين	Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Ā
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 O •			
đ	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE			
42 a	The books are in care of ► THE ORGANIZATION Telephone no. ► 817-83			
	Located at ► 1000 BONNIE BRAE, SUITE 200, FORT WORTH, TX ZIP+4 ► 7	611	1	
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		Х

16 Did t	he organization engage in direct or indirect political campaign activities o	on behalf of or in opposition to o	candidates for public		Ye	
					46	X
	he organization engage in lobbying activities? If "Yes," complete Sch				47	X
	e organization operating a school as described in section 170(b)(1)(A)(ii				48	X
	he organization make any transfers to an exempt non-charitable related				49a	X
	s," was the related organization(s) a section 527 organization?			-	49b	
	plete this table for the five highest compensated employees (other than opposed in the organization. If there is none, enter "None."	officers, directors, trustees and	key employees) who	each received me	ore than \$1	00,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Ex	nt and
	per of other employees paid over \$100,000					
	ne, enter "None." NONE (a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c) Compens	ation
					· · · · · · · · · · · · · · · · · · ·	
otal numb	per of other independent contractors each receiving over \$100,000	become and statement of the statement of	te and to the heet of m	y knowledge and hel	iaf it ie trua	
Sign	Under penalties of perjury, I declare that I have examined this return, including ac correct, and complete. Declaration of preparer (other than officer) is based on all i				ief, it is true,	
ign	Under penalties of perjury, I declare that I have examined this return, including ac correct, and complete. Declaration of preparer (other than officer) is based on all i			y knowledge and bel	ief, it is true,	
aid	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all is Signature of officer Type or print name and title. Preparer's signature	nformation of which preparer has any	knowledge. Ck if Self- Pres	Date Date parer's Identifying Nu		
iotal numt Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all is signature of officer Type or print name and title. Preparer's signature CHARLES O. PAUL, CPA	Date 11/06/09 emi	ck if self- ployed X	Date Date Date P004 75-284	umber (See in	
iign Iere aid reparer's	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all is signature of officer Type or print name and title. Preparer's signature CHARLES O. PAUL, CPA if self-employed), 7408 CONTINENTAL TRAIL	Date 11/06/09 emi	ck if self-	Date Date Date P004 75-284	umber (See in 49120 49913	1
ign lere aid reparer's se Only	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all is signature of officer Type or print name and title. Preparer's signature CHARLES O. PAUL, CPA if self-employed), 7408 CONTINENTAL TRAIL	Date 11/06/09 emi	ck if self- ployed X EIN I	Date Date Date Date P004 75-284 e 817-49	umber (See in 49120 49913	1

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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)

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.

OMB No. 1545-0047

2008 Open to Public Inspection

Name of the organization

Employer identification number

				DER ALLIANCE						0	-10/4	<u> </u>	
Pε	ırt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) (see ins	tructions)				
he	organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)						
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii). (Att	tach Sche	dule H.)			
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital'	s name	,
		city, and stat	e:										
5		An organizati	ion operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a govern	mental unit	described	ni b		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	X			eives a substantial part					r from the	general pu	ıblic desci	ribed in	
		section 170((b)(1)(A)(vi). (Comple	te Part II.)									
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33			rom contri	butions, m	nembershi	o fees, and	gross red	eipts fr	om
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	investm	nent
				axable income (less sec									
	٠		509(a)(2). (Complete										
10		An organizati	ion organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l). (see ins	tructions)			
11		An organizati	ion organized and or	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to carry	out the p	urposes o	f one or	•
		more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509(a	a)(3). Chec	k the box	that	
•		describes the	e type of supporting	organization and compl	ete lin es 1	1e through	11h.						
		a Type	l b	Type II 🕠	с 🔙 Тур	e III · Fund	tionally in	tegrated		d 🔲	Type III - C	Other	
e		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er than	
		foundation m	nanagers an <mark>d o</mark> ther t	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
f	!	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, <mark>c</mark> heck th	nis box	· · · · · · · · · · · · · · · · · · ·							• • • • • • • • • • • • • • • • • • • •	
9	l	-		organization accepted a			-						
		(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described i	in (ii) and (i	ii) below,	·	Yes	No
		-	- •	upported organization?							11g(i)		
				n described in (i) above?									
				person described in (i)							11g(iii)		
ħ	1	Provide the f	ollowing information	about the organizations	the organ	ization su	oports.						
	. Na	-4	(1) 5111	(iii) Type of	(iv) is the o	rganization	(v) Did vo	u notify the	(vi) le	the	(v.::\ A		
(1)		of supported anization	(ii) EIN	organization		sted in your			organizatio		(vii) Am sup		
	orgo	240011		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?	Jup	50.1	
				(see instructions))	Yes	No	Yes	No	Yes	No			
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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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			·			
	include any "unusual grants.")	73,537.	82,374.	122,370.	187,250.		465,531.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1	. *.			
	or expended on its behalf	-			·		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	73,537.	82,374.	122,370.	187,250.		465,531.
	The portion of total contributions				·		
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						188,009.
6	Public Support. Subtract line 5 from line 4.						277,522.
	ction B. Total Support	<u> </u>	<u> </u>	<u> </u>		100000000000000000000000000000000000000	ZIII/SZZ.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	73,537.	82,374.	122,370.	187,250.	(0) 2000	465,531.
	Gross income from interest.		0=70.10				
Ū	dividends, payments received on	12			,		er e
	securities loans, rents, royalties	,		- 4			
	and income from similar sources			1,072.	1,536.		2,608.
9	•••				2,000		
Ū	activities, whether or not the		\$				
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital		4				
	assets (Explain in Part IV.)				4 - 4		
11	Total support. Add lines 7 through 10						468,139.
	Gross receipts from related activities	etc. (see instructi	one)			12	39,720.
	First five years. If the Form 990 is fo		,	d fourth or fifth to	av vear as a sectio	·	00/1200
	organization, check this box and sto	_	3 mat, second, tim	a, 1001til, 01 mili te	ax year as a score	00 1 (0)(0)	▶ □
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2008 (column (f))		14	59.28 %
	Public support percentage from 2007					15	51.72 %
	33 1/3% support test - 2008. If the						
	stop here. The organization qualifies						- TTT
k	33 1/3% support test - 2007. If the		_				
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	_	
·	10% -facts-and-circumstances tes	•	•		•	,	
	more, and if the organization meets t	-					
	organization meets the "facts-and-cir		·		•		
18	Private foundation. If the organization		-	•			· —
						edule A (Form 990	

	rt III Support Schedule for C	Ji gai ii zatioi is	Described III	Section 303(a)	(2) (Complete only	it you checked the bo	ox on line 9 of Part I.)
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(0) 2004	(0) 2003	(0) 2000	(4) 2001	(6) 2000	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge		1				
	Total. Add lines 1 · 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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	44 - 4					
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
b	Unrelated business taxable income				•		
	(less section 511 taxes) from businesses acquired after June 30, 1975			*			
	Add lines 10a and 10b		; ;				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	-			•	•	
	check this box and stop here			<u></u>			>
	tion C. Computation of Publ					1	
	Public support percentage for 2008 (· · · · · · · · · · · · · · · · · · ·			15	%
	Public support percentage from 2007					16	<u>%</u>
	tion D. Computation of Inve					11	
	Investment income percentage for 20	•	• • •			17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2008. If the	=					
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	inization qualifies a	is a publicly supp	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th		structions99	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization Employer identification number 06-1674011 THE LADDER ALLIANCE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE LADDER ALLIANCE

06-1674011

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMON G CARTER FOUNDATION		Person X
	PO BOX 1036	\$	Payroll Noncash
	FORT WORTH, TX 76101		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	LOCKHEED MARTIN AERONAUTICS		Person X
	PO BOX 748, MZ 1875	\$30,000.	Payroll Noncash
	FORT WORTH, TX 76101		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MARQUETTE FINANCIAL COMPANIES		Person X
+ 1	60 SOUTH SIXTH ST, SUITE 3800	\$ 7,500.	Payroll Noncash
	MINNEAPOLIS, MN 55402		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	RYAN FOUNDATION		Person X
	1320 S UNIVERSITY DR	\$15,000.	Payroll Noncash
	FORT WORTH, TX 76107		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	WACHOVIA BANK		Person X
	5080 SPECTRUM DR	\$15,000.	Payroll Noncash
	ADDISON, TX 75001		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	SID RICHARDSON FOUNDATION		Person X
	309 MAIN ST	\$	Payroll Noncash
	FORT WORTH, TX 76102	A STATE OF S	(Complete Part II if there is a noncash contribution.)

FO	ORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUND DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	•	[] YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT	? .	. [] YES	[X]	NO