

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2007

Department of the Treasury
Internal Revenue Service (77)

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2007**, or tax year beginning _____, and ending _____

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE BRAVEWELL COLLABORATIVE Number and street (or P O box number if mail is not delivered to street address) Room/suite 1818 OLIVER AVENUE SOUTH City or town, state, and ZIP code MINNEAPOLIS, MN 55405	A Employer identification number 71-0879929 B Telephone number 612-377-8400
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,566,045. (Part I, column (d) must be on cash basis)		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	4,457,794.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	238,691.	238,691.	238,691.	STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	390,489.			
b Gross sales price for all assets on line 6a	484,487.			
7 Capital gain net income (from Part IV, line 2)		390,489.		
8 Net short-term capital gain			0.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	2,024.	0.	2,024.	STATEMENT 2
12 Total. Add lines 1 through 11	5,088,998.	629,180.	240,715.	
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees STMT 3	45,416.	0.	0.	45,416.
b Accounting fees STMT 4	9,759.	0.	0.	9,759.
c Other professional fees STMT 5	969,972.	0.	0.	969,972.
17 Interest				
18 Taxes STMT 6	27,228.	0.	0.	0.
19 Depreciation and depletion	43,333.	0.	0.	
20 Occupancy				
21 Travel, conferences, and meetings	228,842.	0.	0.	228,842.
22 Printing and publications	115,802.	0.	0.	115,802.
23 Other expenses STMT 7	2,020,868.	0.	0.	2,020,868.
24 Total operating and administrative expenses. Add lines 13 through 23	3,461,220.	0.	0.	3,390,659.
25 Contributions, gifts, grants paid	167,000.			167,000.
26 Total expenses and disbursements. Add lines 24 and 25	3,628,220.	0.	0.	3,557,659.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	1,460,778.			
b Net investment income (if negative, enter -0-)		629,180.		
c Adjusted net income (if negative, enter -0-)			240,715.	

SCANNED JUL 28 2008

RECEIVED
JUL 23 2008
IRS-OSC
OCDEN, UT

23

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		5,329,840.	6,409,956.	6,409,956.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock	STMT 10	57,583.	91,089.	91,089.
	c	Investments - corporate bonds				
11	Investments - land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other					
14	Land, buildings, and equipment: basis ▶	130,000.				
	Less: accumulated depreciation ▶	STMT 9 ▶ 65,000.	108,333.	65,000.	65,000.	
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers)		5,495,756.	6,566,045.	6,566,045.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)		0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		5,495,756.	6,566,045.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>					
	and complete lines 27 through 31.					
27	Capital stock, trust principal, or current funds					
28	Paid-in or capital surplus, or land, bldg., and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances		5,495,756.	6,566,045.		
31	Total liabilities and net assets/fund balances		5,495,756.	6,566,045.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,495,756.
2	Enter amount from Part I, line 27a	2	1,460,778.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	6,956,534.
5	Decreases not included in line 2 (itemize) ▶ TAX GAIN ON INVESTMENTS	5	390,489.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,566,045.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	SEE ATTACHED STATEMENT		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e	484,487.	93,998.	390,489.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			390,489.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	390,489.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	0.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2006	2,026,448.	4,406,943.	.459831
2005	3,175,195.	3,074,788.	1.032655
2004	1,151,525.	2,258,403.	.509885
2003	1,326,083.	1,364,914.	.971551
2002	471,725.	533,166.	.884762

2 Total of line 1, column (d)	2	3.858684
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.771737
4 Enter the net value of noncharitable-use assets for 2007 from Part X, line 5	4	5,855,070.
5 Multiply line 4 by line 3	5	4,518,574.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	6,292.
7 Add lines 5 and 6	7	4,524,866.
8 Enter qualifying distributions from Part XII, line 4	8	3,557,659.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	12,584.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	12,584.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	12,584.
6	Credits/Payments:		
a	2007 estimated tax payments and 2006 overpayment credited to 2007	6a	19,700.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	19,700.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	60.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	7,056.
11	Enter the amount of line 10 to be: Credited to 2008 estimated tax <input type="checkbox"/> 7,056. Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.	
2		X
If "Yes," attach a detailed description of the activities.		
3		X
4a		X
4b	N/A	
5		X
If "Yes," attach the statement required by General Instruction T.		
6	X	
7	X	
If "Yes," complete Part II, col (c), and Part XV		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MN	
b	X	
If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		
9	X	
Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," complete Part XIV		
10		X
Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

Part VII-A Statements Regarding Activities (continued)

<p>11a At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. (see instructions)</p>	11a		X
<p>b If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a?</p>	11b	N/A	
<p>12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract?</p>	12		X
<p>13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.BRAVEWELL.ORG</u></p>	13	X	
<p>14 The books are in care of ► <u>FAMILY PHILANTHROPY ADVISORS</u> Telephone no. ► <u>612-377-8400</u> Located at ► <u>1818 OLIVER AVENUE SOUTH, MINNEAPOLIS, MN</u> ZIP+4 ► <u>55405</u></p>			
<p>15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year</p>	15	N/A	<input type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
<p>1a During the year did the foundation (either directly or indirectly):</p> <p>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here</p>	1b	N/A	
<p>c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2007?</p>	1c		X
<p>2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):</p> <p>a At the end of tax year 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____</p> <p>b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)</p> <p>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____</p>	2b	N/A	
<p>3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2007.)</p>	3b	N/A	
<p>4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?</p>	4a		X
<p>b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007?</p>	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d) N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If you answered "Yes" to 6b, also file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FAMILY PHILANTHROPY ADVISORS, INC. 1818 OLIVER AVENUE S, MINNEAPOLIS, MN 55405	PROGRAM & OPERATIONS MANAGEMENT	825,250.
BURSON MARSTELLER 230 PARK AVENUE SOUTH, NEW YORK, NY 10003	PUBLIC RELATIONS	181,390.
MIDDLEMARCH FILMS, INC 132 W 21ST ST, 6TH FLOOR, NEW YORK, NY 10011	PRODUCTION CONSULTANT	74,280.
TERRY MACGREGOR ASSOCIATES 2904 DOC SAVAGE DRIVE, LANGLEY, VA 98260	MEETING FACILITATION	56,278.

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 12	1,466,337.
2 SEE STATEMENT 13	795,828.
3 GROWING A DYNAMIC COMMUNITY OF PHILANTHROPISTS: TO CREATE, SUPPORT AND GROW A DYNAMIC COMMUNITY OF COMMITTED AND INFORMED PHILANTHROPISTS AND STRATEGIC PARTNERSHIPS.	725,158.
4 SEE STATEMENT 14	84,587.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	74,336.
b	Average of monthly cash balances	1b	5,869,898.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,944,234.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,944,234.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	89,164.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,855,070.
6	Minimum investment return. Enter 5% of line 5	6	292,754.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2007 from Part VI, line 5	2a	
b	Income tax for 2007. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,557,659.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,557,659.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,557,659.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2006				
a Enter amount for 2006 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2007:				
a From 2002	471,725.			
b From 2003				
c From 2004				
d From 2005				
e From 2006				
f Total of lines 3a through e	471,725.			
4 Qualifying distributions for 2007 from Part XII, line 4: ▶ \$	N/A			
a Applied to 2006, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2007 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	471,725.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2002 not applied on line 5 or line 7	471,725.			
9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2003				
b Excess from 2004				
c Excess from 2005				
d Excess from 2006				
e Excess from 2007				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2007, enter the date of the ruling

08/30/02

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2007	(b) 2006	(c) 2005	(d) 2004	
240,715.	191,510.	72,990.	12,781.	517,996.

b 85% of line 2a

204,608.	162,784.	62,042.	10,864.	440,297.
----------	----------	---------	---------	----------

c Qualifying distributions from Part XII, line 4 for each year listed

3,557,659.	2,026,448.	3,179,732.	1,151,525.	9,915,364.
------------	------------	------------	------------	------------

d Amounts included in line 2c not used directly for active conduct of exempt activities

167,000.	141,754.	1,193,670.	202,000.	1,704,424.
----------	----------	------------	----------	------------

e Qualifying distributions made directly for active conduct of exempt activities.

3,390,659.	1,884,694.	1,986,062.	949,525.	8,210,940.
------------	------------	------------	----------	------------

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test - enter:
(1) Value of all assets

6,566,045.	5,495,756.	3,560,684.	2,682,539.	18305024.
------------	------------	------------	------------	-----------

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

0.

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

195,169.	146,898.	102,493.	75,280.	519,840.
----------	----------	----------	---------	----------

c "Support" alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

4,457,794.	3,794,082.	3,998,592.	1,892,741.	14143209.
------------	------------	------------	------------	-----------

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

0.

(3) Largest amount of support from an exempt organization

0.

(4) Gross investment income

0.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 15

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>CONSORT OF ACAD HLTH CTRS FOR INTEGRATIVE MED, 420 DELAWARE ST, MPLS, MN 55455</p>	<p>NONE</p>	<p>PUBLIC CHARITY</p>	<p>EDUCATIONAL</p>	<p>167,000.</p>
<p>Total</p>				<p>▶ 3a 167,000.</p>
<p>b <i>Approved for future payment</i></p> <p>NONE</p>				
<p>Total</p>				<p>▶ 3b 0.</p>

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2007

Name of organization **THE BRAVEWELL COLLABORATIVE** Employer identification number **71-0879929**

Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 - 527 political organization
 - Form 990-PF 501(c)(3) exempt private foundation
 - 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-

- 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 \$5,000 or 2% of the amount on line 1 of these forms (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** check the box in the heading of their Form 990, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
--	---

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DWIGHT ANDERSON 320 PARK AVENUE, 27TH FLOOR NEW YORK, NY 10022	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	COUSINS PROPERTIES, INC. 40 VALLEY ROAD ATLANTA, GA 30305	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	BOSTOCK FAMILY FOUNDATION 7 SOUTH MANURSING ISLAND RYE, NY 10580	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	IRA & MYRNA BRIND 1830 RITTENHOUSE SQUARE, APT. 14A PHILADELPHIA, PA 19103	\$ 57,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	COMMONWEAL 475 RIVERSIDE DRIVE, ROOM 405 BOLINAS, CA 94924	\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	MCJ FOUNDATION 650 MADISON AVE, 24TH FLOOR NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WALID CHAMMAH 21 EAST 79TH STREET, APT. 9 NEW YORK, NY 10021	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	JONATHAN CHENEVIX-TRENCH 4 ALBERT PLACE LONDON, W8 5PD, ENGLAND	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	SILVERLEAF FOUNDATION 14 EAST 93RD STREET NEW YORK, NY 10128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	STEFANO CORSI 988 FIFTH AVENUE NEW YORK, NY 10021	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	ERNESTO CRUZ 765 PARK AVENUE NEW YORK, NY 10021	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	JOANNE DE ASIS P.O. BOX 1680 NEW YORK, NY 10021	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DEREGT FAMILY FOUNDATION 96 ROUND HILL ROAD GREENWICH, CT 06831	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	FINKELSTEIN FAMILY FOUNDATION 40 EAST 88TH STREET NEW YORK, NY 10128	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	RSF INNOVATIONS IN SOCIAL FINANCE PO BOX 29915 SAN FRANCISCO, CA 94129	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16	PRINCESS FIRYAL OF JORDAN 1 EAST 66TH STREET NEW YORK, NY 10021	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17	BARBARA FORSTER 700 SOUTH SECOND STREET, LOFT 71 MINNEAPOLIS, MN 55401	\$ 102,072.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	THEODORE J. FORSTMANN 767 FIFTH AVENUE, 44TH FL. NEW YORK, NY 10153	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	GEORGE FAMILY FOUNDATION 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	\$ 408,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
20	LYNN GETZ 6 AMIGOS LANE SANTA FE, NM 87508	\$ 25,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
21	LIGHTHOUSE CAPITAL PARTNERS 278 COUNTY RIDGE ROAD HENDERSONVILLE, NC 28739	\$ 6,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
22	BENNETT AND MARGARET GOODMAN 12 COOPER ROAD SCARSDALE, NY 10583	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
23	JAMES GORMAN 1120 FIFTH AVENUE, APT. 6A NEW YORK, NY 10128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
24	WILLIAM HARRISON 74 VINEYARD LANE GREENWICH, CT 06831	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	HALCYON ASSET MANAGEMENT 289 ROUND HILL ROAD GREENWICH, CT 06831	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
26	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 4400 HARDING ROAD NASHVILLE, TN 37205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	JERKER JOHANNSON 10 LANSDOWNE ROAD LONDON, W11 3LW, ENGLAND	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
28	COLBURN AND ALANA JONES 26 ENCINA DRIVE CARMEL VALLEY, CA 93924	\$ 231,231.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
29	THE KARAN-WEISS FOUNDATION 2800 28TH STREET SANTA MONICA, CA 90405	\$ 66,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
30	RICHARD KAUFFMAN & ELLEN JEWETT FOUNDATION 257 WEST 11TH STREET NEW YORK, NY 10014	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	BETH ISRAEL MEDICAL CENTER 555 WEST 57TH STREET NEW YORK, NY 10019	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	THOMAS KELLEHER 525 PARK AVENUE, APT. 16B NEW YORK, NY 10021	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	NADDISY FOUNDATION, INC 125 EAST 72ND STREET, APT 8A NEW YORK, NY 10021	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	LEDERHAUSEN FOUNDATION 335 E. HICKORY STREET HINSDALE, IL 60521	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	ROBERT LENZNER 525 EAST 72ND STREET, APT 15E NEW YORK, NY 10021	\$ 4,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	GOLDMAN SACHS & CO 71 SOUTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606	\$ 9,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	1ST EQUITY PTR / STONE TOWER OPERATING LP 152 WEST 57TH STREET, 6TH FLOOR NEW YORK, NY 10019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
38	DAVID C AND LURA M LOVELL FOUNDATION 8400 NORTH NATIONAL DRIVE TUCSON, AZ 85742	\$ 115,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
83	LURA M LOVELL TRUST 77-6128 MAMALAHOA HWY. HOLUALOA, HI 96725	\$ 52,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	STEPHEN LOVELL 77-6128 MAMALAHOA HWY. HOLUALOA, HI 96725	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	SHERRY LUND 520 INDIAN MOUND STREET, UNIT 1-B WAYZATA, MN 55391	\$ 72,235.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
41	GARY LYNCH 56 WATER'S EDGE RYE, NY 10580	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
--	---

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42	CHRISTY & JOHN MACK FOUNDATION 91 SUNSET LANE RYE, NY 10580	\$ 1,186,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
43	ROGER AND ANN MCNAMEE 300 OLIVE HILL LANE WOODSIDE, CA 94062	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
44	MARY MEEKER 1585 BROADWAY NEW YORK, NY 10036	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
45	MICHELE & DAVID MITTELMAN FAMILY FOUNDATION 16 ROLLING LANE DOVER, MA 02030	\$ 67,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	MICHELE MITTELMAN 16 ROLLING LANE DOVER, MA 02030	\$ 41,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
46	J.L. MASQUERA MD PC 3 RUNNEYMED DRIVE NORTH HAMPTON, NH 03862	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
47	EILEEN MURRAY 79 TWEED BOULEVARD NYACK, NY 10960	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
48	FAMILY PHILANTHROPY ADVISORS 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
49	GLEN AND MARILYN NELSON 500 TONKAWA ROAD LONG LAKE, MN 55356	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
50	MORGAN STANLEY 1585 BROADWAY, 39TH FLOOR NEW YORK, NY 10036	\$ 98,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
51	CYMARON FOUNDATION 163 EAST 81ST STREET, APT 5B NEW YORK, NY 10028	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
52	MEHMET OZ 177 FORT WASHINGTON AVENUE NEW YORK, NY 10032	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
82	COLUMBIA UNIVERSITY 177 FORT WASHINGTON AVENUE NASHVILLE, TN 37205	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
53	RUTH PORAT ONE WEST 72ND STREET, #26 NEW YORK, NY 10023	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
54	MICHAEL RANKOWITZ 911 PARK AVENUE, APT. 6B NEW YORK, NY 10021	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
55	JEFFREY SALZMAN 158 INDIAN HEAD ROAD RIVERSIDE, CT 06878	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
56	JEWISH COMMUNAL FUND 875 PARK AVENUE NEW YORK, NY 10021	\$ 131,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
57	PHOEBE SNOW FOUNDATION 2900 SCOTT STREET #1 SAN FRANCISCO, CA 94123	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
--	---

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
58	ROBERT SCULLY 9 EAST 79TH STREET NEW YORK, NY 10021	\$ 48,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	NEAL SHEAR 23 EAST 83RD STREET NEW YORK, NY 10028	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	CORDELL SPENCER 435 WEST 44TH STREET NEW YORK, NY 10036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
61	THE COMMUNITY FOUNDATION FOR GREATER ATLANTA, INC 2724 PEACHTREE ROAD, #1001 ATLANTA, GA 30305	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	OWEN THOMAS 15 ELM ROCK ROAD BRONXVILLE, NY 10708	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	THE PLANALP-TREVOR CHARITABLE TRUST 48 WEST 88TH STREET NEW YORK, NY 10024	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
64	ALLEN VINE 37, STAROMONETNY PER, BLD.1, MOSCOW, 119017, RUSSIA	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
65	GEORGE AND PATRICIA WELLDÉ 850 PARK AVENUE NEW YORK, NY 10075	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
66	TRACY AND JON WENDELL 22 TURNER DRIVE GREENWICH, CT 06831	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
67	THE WESTREICH FOUNDATION P O BOX 3601 RANCHO SANTA FE, CA 92067	\$ 58,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
68	DUKE CORPORATION DUMC 102904 DURHAM, NC 27710	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	APCO WORLDWIDE 3737 GLENWOOD AVENUE, SUITE 100 RALEIGH, NC 27612	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
70	DAVIS POLK & WARDEWELL 3800 PURCHASE STREET PURCHASE, NY 10577	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
71	JERRY WOOD 25 ABBINGTON DRIVE HUNTINGTON, NY 11743	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
72	FRANCES LEAR FOUNDATION 300 CENTRAL PARK WEST, APT 8F NEW YORK, NY 10024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
73	COMMUNITY FOUNDATION OF NORTH TEXAS 306 WEST 7TH STREET, #306 FORT WORTH, TX 76102	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
74	EARL AND DORIS BAKKEN FOUNDATION 73-5619 KAUHOLA STREET, #207 KAILUA KONA, HI 96740	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
75	GLOBE FOUNDATION 770 LAKE COOK ROAD, SUITE 300 DEERFIELD, IL 60015	\$ 33,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
76	<u>MENTAL INSIGHT FOUNDATION</u> <u>283 2ND STREET EAST, #A</u> <u>SONOMA, CA 95476</u>	\$ <u>34,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
77	<u>THE DORIS DUKE CHARITABLE FOUNDATION</u> <u>650 FIFTH AVENUE, 19TH FLOOR</u> <u>NEW YORK, NY 10019</u>	\$ <u>126,078.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
78	<u>LINDA STONE</u> <u>PO BOX 7477</u> <u>BELLEVUE, WA 98008</u>	\$ <u>33,939.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
79	<u>BRUCE B DAYTON</u> <u>1800 IDS CENTER, 80 SOUTH 8TH STREET</u> <u>MINNEAPOLIS, MN 55402</u>	\$ <u>258,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
80	<u>TIDES FOUNDATION</u> <u>1014 TORNEY AVENUE</u> <u>SAN FRANCISCO, CA 94129</u>	\$ <u>95,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
--	---

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	<u>\$1,500 - CASH</u> <u>\$57,960 - STOCK</u> <hr/>	\$ <u>59,460.</u>	<u>VARIOUS</u>
17	<u>\$8,400 - CASH</u> <u>105 SH - FIFTH THIRD BANCORP</u> <u>7,030 SH - DH HORTON</u> <hr/>	\$ <u>102,072.</u>	<u>VARIOUS</u>
28	<u>\$6,100 - CASH</u> <u>\$225,131 - STOCK</u> <hr/>	\$ <u>231,231.</u>	<u>VARIOUS</u>
40	<u>\$8,769 - 114 SHARES OF 3M</u> <u>\$63,416 - EXXON MOBIL STOCK</u> <hr/>	\$ <u>72,235.</u>	<u>VARIOUS</u>
78	<u>GRANT PRIDECO STOCK</u> <hr/>	\$ <u>33,939.</u>	<u>VARIOUS</u>
	<hr/>	\$ _____	_____

THE BRAVEWELL COLLABORATIVE

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 621 SH - GRANT PRIDECO INC	D	08/31/07	09/04/07
b 7,030 SH - D R HORTON INC	D	11/21/95	12/28/07
c 342 SH - EXXON MOBIL CORP	D	VARIOUS	11/08/07
d 964 SH - T ROWE PRICE GROUP INC	D	03/06/03	12/19/07
e 375 SH - EXXON MOBIL CORP	D	09/09/56	12/06/07
f 105 SH - FIFTH THIRD BANCORP	D	12/31/06	12/28/07
g 2,917 SH - STATE STREET CORP	D	09/23/98	12/04/07
h 114 SH - 3M CO	D	12/31/06	09/20/07
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 33,939.		1,074.	32,865.
b 91,089.		39.	91,050.
c 29,925.		537.	29,388.
d 57,960.		12,243.	45,717.
e 33,491.		614.	32,877.
f 2,583.			2,583.
g 225,131.		79,362.	145,769.
h 10,369.		129.	10,240.
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			32,865.
b			91,050.
c			29,388.
d			45,717.
e			32,877.
f			2,583.
g			145,769.
h			10,240.
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	390,489.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	0.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES		STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
US BANCORP INTEREST	238,691.	0.	238,691.	
TOTAL TO FM 990-PF, PART I, LN 4	238,691.	0.	238,691.	

FORM 990-PF	OTHER INCOME			STATEMENT	2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
ROYALTY INCOME	2,024.	0.	2,024.		
TOTAL TO FORM 990-PF, PART I, LINE 11	2,024.	0.	2,024.		

FORM 990-PF	LEGAL FEES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL FEES	45,416.	0.	0.	45,416.		
TO FM 990-PF, PG 1, LN 16A	45,416.	0.	0.	45,416.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING	9,759.	0.	0.	9,759.		
TO FORM 990-PF, PG 1, LN 16B	9,759.	0.	0.	9,759.		

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	969,972.	0.	0.	969,972.
TO FORM 990-PF, PG 1, LN 16C	969,972.	0.	0.	969,972.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	27,228.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	27,228.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE AND DELIVERY	37,298.	0.	0.	37,298.
OFFICE SUPPLIES	6,186.	0.	0.	6,186.
MARKETING	13,373.	0.	0.	13,373.
TELEPHONE	5,914.	0.	0.	5,914.
MEALS	32,604.	0.	0.	32,604.
MISCELLANEOUS EXPENSE	1,097.	0.	0.	1,097.
INSURANCE	9,448.	0.	0.	9,448.
EVENT DESIGN	221,701.	0.	0.	221,701.
PROGRAM EXPENSE	1,479,627.	0.	0.	1,479,627.
PUBLIC RELATIONS	213,620.	0.	0.	213,620.
TO FORM 990-PF, PG 1, LN 23	2,020,868.	0.	0.	2,020,868.

FOOTNOTES

STATEMENT 8

FORM 990-PF, PART I, LINE 19:

PROPERTY AND EQUIPMENT, INCLUDING WEBSITE DEVELOPMENT, IS
STATED AT COST AND IS AMORTIZED USING THE STRAIGHT-LINE
METHOD OVER ITS ESTIMATED USEFUL LIFE OF 3 YEARS.

43,333.

FORM 990-PF, PART VIII

FAMILY PHILANTHROPY ADVISORS PROVIDES ADMINISTRATIVE AND PROGRAM MANAGEMENT SERVICES TO THE BRAVEWELL COLLABORATIVE. DIANE B. NEIMANN IS THE EXECUTIVE DIRECTOR OF THE FOUNDATION AND AN EMPLOYEE OF FAMILY PHILANTHROPY ADVISORS. NO COMPENSATION IS PAID DIRECTLY TO THE EXECUTIVE DIRECTOR BY THE BRAVEWELL FOUNDATION.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
WEB SITE DEVELOPMENT	130,000.	65,000.	65,000.	65,000.
TO 990-PF, PART II, LN 14	130,000.	65,000.	65,000.	65,000.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
7030 SHARE DR HORTON INC	91,089.	91,089.
TOTAL TO FORM 990-PF, PART II, LINE 10B	91,089.	91,089.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRUCE DAYTON 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
RUTH STRICKER DAYTON 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
PENNY GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	PAST-PRESIDENT 10.00	0.	0.	0.
LURA LOVELL 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
WILLIAM SARNOFF 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	VICE PRESIDENT 10.00	0.	0.	0.

ANN LOVELL 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	TREASURER 10.00	0.	0.	0.
SHERRY LUND 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	SECRETARY 10.00	0.	0.	0.
CHRISTY MACK 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	PRESIDENT 20.00	0.	0.	0.
BARBARA FORSTER 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
DIANE NEIMANN 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 12

ACTIVITY ONE

LEADING CLINICAL CENTERS AS MODELS FOR CHANGE:
 TO EMPOWER AND ACCELERATE THE GROWTH OF LEADING CLINICAL
 CENTERS OF INTEGRATIVE MEDICINE WHICH CAN SERVE AS MODELS FOR
 CHANGE IN THE HEALTHCARE DELIVERY SYSTEM. THE "CLINICAL
 NETWORK" IS COMPRISED OF 8 INTEGRATIVE MEDICINE CENTERS FROM
 ACROSS THE COUNTRY THAT CONVENE SEMI-ANNUALLY TO SHARE
 LESSONS LEARNED. THIS PROGRAM SUPPORTS THE TRAINING OF 51
 FELLOWS IN INTEGRATIVE MEDICINE AND THE IMPLEMENTATION OF A
 PRACTICE BASED RESEARCH NETWORK.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES
1,466,337.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

ACTIVITY TWO

PHYSICIAN LEADERSHIP:

TO EMPOWER AND SUPPORT PHYSICIAN CHAMPIONS OF INTEGRATIVE MEDICINE TO HELP TRANSFORM THE CULTURE OF HEALTHCARE AND TO RECLAIM RELATIONSHIP-CENTERED HEALING. SIX PIONEERS OF INTEGRATIVE MEDICINE WERE HONORED FOR THEIR WORK WHICH HELPED PAVE THE WAY FOR TRANSFORMATION IN OUR HEALTHCARE SYSTEM BY IDENTIFYING AND ADVANCING THE PRINCIPLES OF INTEGRATIVE MEDICINE. EACH PIONEER RECEIVED A \$25,000 AWARD ON NOVEMBER 8, 2007 IN FRONT OF AN AUDIENCE OF 600 PHYSICIANS, PHILANTHROPISTS AND THE GENERAL PUBLIC.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

795,828.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY FOUR

PUBLIC EDUCATION:

TO REACH OPINION LEADERS AND THE GENERAL PUBLIC AND TO EDUCATE THEM CONCERNING THE VALUE, PROGRESS AND IMPORTANCE OF INTEGRATIVE MEDICINE. THIS WAS ACCOMPLISHED THROUGH THE PBS SERIES, "THE NEW MEDICINE", WHICH AIRED ON MARCH 29, 2006. "THE NEW MEDICINE" PREMIER REACHED 4.21 MILLION PEOPLE IN 3.75 MILLION HOUSEHOLDS. "THE NEW MEDICINE" WAS AWARDED A FREDDIE - THE HIGHEST HONOR IN THE FIELD OF HEALTH AND WELLNESS PRODUCTIONS IN THE U.S. FOREIGN DISTRIBUTION IS TAKING PLACE AND A FEASIBILITY STUDY FOR A SEQUEL TO "THE NEW MEDICINE" IS UNDERWAY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

84,587.

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 15

NAME OF MANAGER

BRUCE DAYTON
RUTH STRICKER DAYTON
PENNY GEORGE
LURA LOVELL
WILLIAM SARNOFF
ANN LOVELL
SHERRY LUND
CHRISTY MACK
BARBARA FORSTER

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

FORM 990-PF

2007

Name THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
--	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 34 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	12,584.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for Federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	12,584.
4 Enter the tax shown on the corporation's 2006 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	12,126.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	12,126.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/07	06/15/07	09/15/07	12/15/07
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	3,032.	3,031.	3,032.	3,031.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column.	11	2,972.		7,500.	9,228.
12 Enter amount, if any, from line 18 of the preceding column	12				1,377.
13 Add lines 11 and 12	13			7,500.	10,605.
14 Add amounts on lines 16 and 17 of the preceding column	14		60.	3,091.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	2,972.	0.	4,409.	10,605.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		60.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	60.	3,031.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			1,377.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2007 and before 1/1/2008	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 12/31/2007 and before 4/1/2008	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 3/31/2008 and before 7/1/2008	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times \%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 6/30/2008 and before 10/1/2008	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times \%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 9/30/2008 and before 1/1/2009	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 12/31/2008 and before 2/16/2009	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Add lines 22, 24, 26, 28, 30, and 32	33	\$	\$	\$
34 Penalty. Add columns (a) through (d) of line 33. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	34			\$ 60.

* For underpayments paid after March 31, 2008: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) THE BRAVEWELL COLLABORATIVE					Identifying Number 71-0879929
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/07	3,032.	3,032.			
05/15/07	-2,972.	60.	31	.000219178	
06/15/07	3,031.	3,091.	89	.000219178	60.
09/12/07	-7,500.	-4,409.			
09/15/07	3,032.	-1,377.			
12/13/07	-9,228.	-10,605.			
12/15/07	3,031.	-7,574.			
12/31/07	0.	-7,574.	91	.000191257	
03/31/08	0.	-7,574.	45	.000163934	
Penalty Due (Sum of Column F).					60.

* Date of estimated tax payment, withholding credit date or installment due date.