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<u>v. v</u> SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

Open to Public Inspection

		t of the Treasury venue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.								Open to Public Inspection	
Name of the organization									Employer Identification number			
		Manada Con									1784517	
Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)												
The 1 2 3 4 5 6 7 8 9		ganization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its										
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a											
h	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the organizations the organization supports.											
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(w) is the organization in col. (i) listed in your governing document? (v) Did you the organi col. (i) o support		ou notify (vization in organi of your (i) orga		is the tion in col. zed in the S.?	(vii) Amount of support		
_					Yes	No	Yes	No	Yes	No		

Sohe	dule A (Form 990 or 990-EZ) 2008						Page 2					
Pai	Support Schedule for Org (Complete only if you chec	janizations D ked the box	Described in on line 5, 7, c	Sections 170 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1	(A)(vi)					
Section A. Public Support												
Ce	lendar 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.")	13,350	22,725	13,075	38,579	57,609	145,338					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	. 0	0	0	0	0	0					
4	Total. Add lines 1-3	13,350	22,725	13,075	38,579	57,609	145,338					
5	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)						0					
6	Public support. Subtract line 5 from line 4.			l		1	145,338					
	tion B. Total Support	1 1 2 2 2 2 2										
Ca	lendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total					
7	Amounts from line 4	13,350	22,725	13,075	38,579	57,609	145,338					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83	177	0	24	134	418					
9	Net income from unrelated business	Ī										
	activities, whether or not the business is regularly carried on	0	0	0	0	0	0					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0 145,756					
11	TO STORY FOR THE STORY OF THE S											
12	Gross receipts from related activities, etc.	•	•			12	<u>\$1,697</u>					
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here											
	tion C. Computation of Public Su						99.71 %					
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)											
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f											
16a	331/4 support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/4 or more, check this box											
b	and stop here. The organization qualifies as a publicly supported organization											
17a	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization											
	10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization											
18	FIVER CONTINUES OF THE CHARLES TOUR OR	1 1101 UHBUK 4 00	^ UH III R# 13. D£	1. 10D. 1/2LD/1	7 D. CHECK INS I	ᇫᄼᄼᄼᇎᇎᅜᅜᅜᅜᅜᅜᅜᅜᅜ						

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and

MANADA CONSERVANCY 1430 SAND BEACH RD HUMMELSTOWN PA 17036

Director

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

ignature of officer or trustee

Title
