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Form 990-EZ Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-1150

Open to Public Inspection

Α	For the	2008 calendar yea	ar, or tax year beginning	July 1	, 2008, and er	nding	June	30	, 20 09
В	Check if ap	ID.		 			D Employe	r iden	tification number
Ц	Address cl	" lahel c		C.			04		3488106
닏	Name cha	nge print o		x, if mail is not delivere	ed to street address)	Room/suite	E Telepho	ne nui	mber
\vdash	Initial retur	161.	15 Washington Street So	uth			(781)	388-1900
H	Terminatio Amended	Specif	fic City or town state or country	·			F Group E	-	
H	Application	insuud	Malden, MA 02148	and Zii T 4			Number		▶
느					A A M d.	G Asse			Z Cook D Assessed
• •	• Section		izations and 4947(a)(1) nonexer ompleted Schedule A (Form 99	•	ts must attacn	1	unting metri (specify) ▶	ou	☑ Cash ☐ Accrua
			<u> </u>			_		the or	rganization is not
1 '	Websit	e: www.tailo	oredforsuccess.org			requir	ed to attact	Sche	edule B (Form 990,
J	Organiz	ation type (check	only one)- 2 501(c) (3) ◀ (in	sert no)	(a)(1) or	990-E	Z, or 990-P	F).	
			ation is not a section 509(a)(3) sup			ots are non	mally not me	ore tha	an \$25,000. A return
	not requ	ired, but if the orga	anization chooses to file a return,	be sure to file a com	plete return				
			line 9 to determine gross receipts,					> \$	73.62
	art	Revenue, Exp	enses, and Changes in N	<u>Vet Assets or F</u>	und Balances	(See the	instructio	_	
	1	Contributions, git	fts, grants, and similar amounts	s received .			📙	1	53.62
	2	Program service	e revenue including governme	ent fees and contr	acts			2	20.00
	3	Membership du	es and assessments					3	
	4	Investment inco	me .				. <u>L</u>	4	
	5a	Gross amount fr	rom sale of assets other than	ınventorv	5a				
	b_		ther basis and sales expenses	·	5b				
	~		n sale of assets other than inve		5b from line 5a)	(attach sch	edule)	5c	
ne	I		ictivities (complete applicable parts of S						
Revenue	76 S	•		of contrib		MIGCK HOIG			
ě		Chors of Abund	M.o	OI CONTID	6a				
Œ	၂ဗ	reported on line	' 1 1		6b				
	`		penses other than fundraising					、	
	c (Gubtract line 6b from line 6a)						· L'	oc	
	7a	Gross sales of I	inventory, less returns and alle	owances .	7a				
	b	Less cost of go	oods sold		7b				
	С	Gross profit or ((loss) from sales of inventory	(Subtract line 7b f	from line 7a) .		. '	7c	
	8	Other revenue (describe ►) L	8	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8	-	•	•	9	73.62
	10	•	ilar amounts paid (attach sche					10	
	11		or for members .				Γ.	11	
S		•	compensation, and employee	honofite	•	•	<u> </u>	12	30.00
Se	12						· · ⊢	13	32
Expenses	13		es and other payments to inde	apendent contract	1015		_	14	30.35
X	14	•	it, utilities, and maintenance				 	15	38
_	ı ıo	Printing, publica	ations, postage, and shipping			ina dusc			15.47
			s (describe Supplies, com					16	76.55
	17	Total expenses	s. Add lines 10 through 16	· · ·	· · ·	•		17	
ţ	18	Excess or (defic	cit) for the year (Subtract line	17 from line 9)		•	<u> </u>	18	(2927
Assets	19	Net assets or fu	und balances at beginning o	of year (from line :	27, column (A))	(must agre	e with		
As			ure reported on prior year's r				L.	19	14.40
Net	20	Other changes i	in net assets or fund balance	s (attach explanat	ion)		. 4	20	
Z	21	Net assets or fu	and balances at end of year (Combine lines 18	through 20 .		. ▶ 2	21	11.47
Pa	art III	Balance Shee	ets. If Total assets on line 25,	, column (B) are \$	2,500,000 or mo	re, file For	m 990 ins	ead o	of Form 990-EZ
			(See the instructions for Part	II)		(A) Beq	ginning of yea		(B) End of year
	0	, savings, and in	nvestments				14.40		11.47
22	Cash			·				23	
		and buildings							
23	Land	and buildings	. ,					24	
23 24	Land Other	r assets (describ	pe ▶				14.400	24	11.47
23	Land Other	•	De ▶				14.400	24	11.47

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

Form **990-EZ** (2008)

Cat No 10642i

	11 330 - 12 (2000)						· age •
Pá	rt III Statement of Program Service Accom	plishments (See the inst	ructions for Part	III.)			Expenses
Wh	at is the organization's primary exempt purpose?	o assist low-income wom	en transition into	workfo	orce	(Rec	uired for 501(c)(3)
Des	scribe what was achieved in carrying out the organiz	ation's evernt nurnoses In	a clear and conc	ise man	ner	and	(4) organizations 4947(a)(1) trusts,
des	scribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each o	rogram 1	title.	opti	onal for others.)
			·			· · ·	
28							
					·- <u></u>		
	(Grants \$) If this amount incli	udes foreign grants, check	here .	. 🕨		28a	·
29							
	(Grants \$) If this amount incl				i i	29a	
						230	
30							
	(Grants \$) If this amount incli	udes foreign grants, check	here .	<u> </u>		30a	
31	Other program services (attach schedule)						
	(Grants \$) If this amount incli	udes foreian grants, check	here	. ▶		31a	
32	Total program service expenses (add lines 28a th	rough 31a)	· · · · · · · · · · · · · · · · · · ·		<u></u>	32	
	It IV List of Officers, Directors, Trustees, and Key						one for Part IV)
- 51.	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Cont			(e) Expense
	(a) Name and address	hours per week	(If not paid,	emplóyee t	benefit j	plans &	account and
_		devoted to position	enter -0)	deferred (compen	sation	other allowances
	zabeth A. Hart	President/CEO 35 hrs		ł			
20	Lillian Road, Malden, MA 02148	_	30.000		n	one	none
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Par	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		1
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		1
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	لـــــا	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a]	ــ نا		
	Did the organization file Form 1120-POL for this year?	37b	 	✓
	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? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<i>\(\int \)</i>
	Section 501(c)(7) organizations Enter	7		ĺ
	Initiation fees and capital contributions included on line 9			,
	Gross receipts, included on line 9, for public use of club facilities]		,
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
e	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		✓
41	List the states with which a copy of this return is filed. MA			
	The books are in care of ▶ Elizabeth A. Hart Located at ▶ 20 Lillian Road, Malden, MA 02148 ZIP + 4 ▶) 3: 021	21.019 48	98
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	103	1
	account)?	12.5		, ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	}	ļ l	1
	and Financial Accounts.	_		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	لا	✓
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	- ~	· ·
		rm 99 0)-E7	(2008)

Part VI.		tables for lines 50 and		organizatio	ns mu	st answer quest	ions 4	6–49	
46 Did ti		e in direct or indirect po		es on behalf	f of or II	n opposition to		Yes	No
		? If "Yes," complete Sc	, -				46		✓
17 Did tl	he organization engag	e in lobbying activities?	If "Yes," complete Sch	nedule C, Pa	rt II .		47		✓
48 Is the	e organization operatin	g a school as described	i in section 170(b)(1)(A)	(II)? If "Yes,"	comple	ete Schedule E .	48		√
	•	any transfers to an exen	•	ted organizat	tion?		49a		✓_
		ganization(s) a section 5	•		-		49b	L	
		five highest compensation from 100,000 of compensation					y empl	oyees	, who
1 (a)	Name and address of each e than \$100,000		(b) Title and average hours per week devoted to position	(c) Compe	ensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount ar allowar	nd
none									
	·		.,						
Fotal numb	per of other employees	paid over \$100,000 ►	none				<u> </u>	<u> </u>	
comp		anization If there is non ach independent contractor pa			(b) Ty	pe of service	(c) Con	npensat	
none									
Fotal numb	per of other independe	ent contractors each rec	eiving over \$100,000	•		none		· · · ·	
Sign Here	Under penalties of perjury and belief it is true corrections.	r, I declare that I have examine ect, and complete Declaration	d this return, including accor n of preparer (other than office	npanying sched cer) is based on	all inform	statements, and to the nation of which prepar	best of mer has an	y know	/ledge ledge
		, President and CEO							
	Type or print name and	title	I	Tôs	nole of	<u></u>			
Paid Preparer's	Preparer's signature		Date	sel	eck if f- iployed ▶	Preparer's Identifying 031	Number (5 .50.265		uctions)
Jse Only	Firm's name (or yours if self-employed),	Elizabeth A Hart				in ▶			
	address, and ZIP + 4	20 Lillian Road, Malde			Р	Phone no ► (781)		1.019	
viay the IR	is discuss this return v	with the preparer shown	above/ See instructio	ns	•	<u>.</u>	orm 990	es 🗀 D-EZ	(2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 3488106 Tailored For Success.Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 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). ☐ 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 8 An organization that normally receives (1) more than 33% % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 ☐ 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 🗌 Type I **b** Type II c Type III-Functionally integrated e
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(II) (ii) A family member of a person described in (i) above? 11g(m) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (vii) Amount of support (i) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the organization in col organization (described on lines 1-9 in col (i) listed in your the organization in (i) organized in the above or IRC section governing document? col (i) of your US? (see instructions)) support? Yes Yes Yes Total

· · · · · · · · · · · · · · · · · · ·	ked the box	on line 5, 7,	or 8 of Part	l.)		······
				,		
alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				\$86,540	\$73,623	\$160,163
Tax revenues levied for the organization'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				200.540	A70.000	0400400
Total. Add lines 1 through 3	VSA COMO JULIANA	Process abents, successive	Color Bandin S.	\$86,540	\$73,623	\$160,163
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)						
Public support. Subtract line 5 from line 4						
				T		
lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. Add lines 7 through 10	CLANCE NO.	创起是批评 两	The Watthews	经37-839	"空影节于新加兴	
Gross receipts from related activities, etc.	(see instruction	ons) .		Į	12	
organization, check this box and stop he	re		d, third, fourth	n, or fifth tax ye	ear as a section	n 501(c)(3)
	•				44	100 %
			, column (t))			<u>100 %</u> 100 %
			- 1: 10	. L		
				III 14 15 3373 7	o or more, chec	, K II IIS DOX ► 🗸
-	· · · · · ·			and line 15 is 3	37/4 % or more	
				and line 13 is c	33/3 /0 OF ITIOTE,	.► □
10%-facts-and-circumstances test – 20 more, and if the organization meets the "fa	09. If the organiacts-and-circun	ization did not onstances" test,	heck a box on check this box	and stop here.	Explain in Part I	V how the
10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta	. If the organizat acts-and-circum nces' test The	tion did not chec stances" test, c organization qua	k a box on line heck this box lifies as a public	13, 16a, 16b, or and stop here l cly supported org	17a, and line 15 Explain in Part t ganization	is 10% or V how the . ► □
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support Illendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Support bercentage from 2008 Sci. 33½% support test—2009. If the organization qualifies 33½% support test—2008. If the organization qualifies 33½% support test—2008. If the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instruction first five years. If the Form 990 is for the organization check this box and stop here tion C. Computation of Public Support Perceipton C. Computation C. Computation of Public Support Perceipton C. Computation C.	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not he business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, secon organization, check this box and stop here. Total support percentage from 2008 Schedule A, Part II, line 14 33% support test—2009. If the organization did not check the box or and stop here. The organization qualifies as a publicly supported organ 33% support test—2008. If the organization did not check a box on son and stop here. The organization qualifies as a publicly supported organ 33% support test—2008. If the organization did not check a box on son and stop here. The organization qualifies as a publicly supported organ 31% support test—2008. If the organization did not check a box on son and stop here. 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Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here. The organization of Public Support Percentage Public support percentage from 2008 Schedule A, Part II, line 14 33½ % support test—2009. If the organization did not check the box on line 13 or 16a, box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13 or 16a, box and stop here. The organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumsta	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants 1) Tax revenues levied for the organization'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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ### ### ### ### ### ### ### ### ###	alendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization'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 Total. Add lines 1 through 3 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 1, column (f) Public support. Subtract line 5 from line 4 tition B. Total Support Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see inistructions) Tirst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2008 Schedule A, Part II, line 14 33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% or more, check and stop here. The organization qualifies as a publicly supported organization and line 15 is 33% or more, check and stop here. The organization qualifies as a publicly supported organization.

Pa	Support Schedule for Org (Complete only if you check				a)(2)		
Sec	ction A. Public Support			<u> /</u>			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any "unusual grants") 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						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					,	
6	Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b .	Black April 1 / 4 4 2 7	181 to restructive and	2000 0000	B A JACKSTONESPECS	8 00004351 00058 \06" -97	
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2005	(6) 2006	(6) 2007	(u) 2008	(e) 2009	(i) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b . Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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 for organization, check this box and stop	here		nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3) . ▶ □
Sec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					%
15 16	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))						
Sec	tion D. Computation of Investme	nt Income Pe	ercentage			, , ,	
17	Investment income percentage for 200	•	• •	· · · · · ·	olumn (f))	17	
18	Investment income percentage from 20					18	%
	33% % support tests – 2009. If the org 17 is not more than $33%$ %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly	supported orga	nization 🕨 🗌
b	$33\frac{1}{3}$ % support tests – 2008. If the organ line 18 is not more than $33\frac{1}{3}$ %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a or 19b	, check this bo	ox and see instr	ructions > 🗌

Schedule A (Fo	orm 990 or 990-EZ) 20	009					Page
Part IV	Supplemental	Information.	Complete this	part to provide any	de the explana	tions required	by Part II, line 10, See instructions.
	- Tare 11, 11110 177	2 01 17 5, 4114	rare in, into 12	Trovide arry	Other additions	ar in orritation	occ mandenons.
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