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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

0906 OMB No 1545-1150 2008

> Open to Public Inspection

_	or the 2008 calen	uar year.		July 1	, 2008, and end	aing	June 30	, 20	09
	heck if applicable	Please	C Name of organization			D	Employer id	lentification nui	mber
=	Address change	use IRS label or	Meridian Park Family A	ssoc. PTSA 6.12.4	5		91	1609258	
=	Name change	print or	Number and street (or P O b	oox, if mail is not deliver	ed to street address)	Room/suite E	Telephone	number	
=	nıtıal return Fermination	type. See	17077 Meridian Ave N		1		(206)	361-425	51
= 4	Amended return	Specific		y, and ZIP + 4			Group Exer		
~	Application pending	Instruc- tions.	Shoreline, WA 98133				Number .		
•	Section 501(c)(3)	_	rations and 4947(a)(1) nonex repleted Schedule A (Form 9	•	sts must attach	G Account Other (s	ing method becify) ►	☑ Cash] Accrua
					·			organization is	s not
٧	Website: ► <u>ww</u>	w.merid	lianparkptsa.org					chedule B (For	
C	Organization type	(check or	nly one)-	(insert no.) 1 4947	7(a)(1) or		or 990-PF)		,
(C	Check ▶☐ If the o	rganizatio	on is not a section 509(a)(3) substantial section chooses to file a return	upporting organization	and its gross recei	ots are norma	lly not more	than \$25,000 /	A return
			ne 9 to determine gross receipt			ead of Form 9	90-EZ ▶ \$		64,56
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			revenue including governn					<u> </u>	
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.	c Gain or (lo	oss) from	sale of assets other than in	ventory (Subtract lin	e 5b from line 5a) (a	attach sched	」le) 5c		
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-	b Less. cos	_						I	40.04
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ł			escribe	7 0) 8	 	40.40
\dashv	9 Total rev	enue. A	dd lines 1, 2, 3, 4, 5c, 6c,	, ∕c, and 8			. ▶ 9	1	16,48
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FOII	1 950-62 (2006)					Page Z
Pa	irt III 'Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
Wh	at is the organization's primary exempt purpose? P	romotion of Health, Welfa	re, Safety & Educ	ation of Ch	(Req	uired for 501(c)(3)
Des	scribe what was achieved in carrying out the organization	ation's exempt purposes In	a clear and conc	ise manner.		(4) organizations 4947(a)(1) trusts,
des	cribe the services provided, the number of persons bei	nefited, or other relevant info	rmation for each pi	rogram title.	optio	onal for others)
28	Student Support and Enrichment					
	(Grants \$) If this amount incli	udes foreign grants, check	here	▶ □	28a	20,571
20						
29						
	(Grants \$) If this amount incli				29a	
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31					04 -	
20	(Grants \$) If this amount inclinated program service expenses (add lines 28a th	udes foreign grants, check	nere	. P 🗀	31a	.,
	art IV List of Officers, Directors, Trustees, and Key				32	no for Dort (V)
	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
	ian Heagler, President	devoted to position	enter -0)	deferred compe	nsation	other allowances
	tty Sanders, Co-Vice President		0			
	nina Pacunski, Co-Vice President					
			0	1		
_	elanie Gillespie, Co-Vice President leen Lu, Treasurer					
	rraine Flaherty, Secretary		lo			
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Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 3 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. 3 If the organization had income from busness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1 ratich a satternet explaining your reason for not reporting the income on Form 990-1 a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 3 If we are a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N Did the organization berow 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? 5 If "Yes," complete Schedule L, Part II and enter the total amount involved 5 Section 501(c)(3) arganizations. Enter annount of tax imposed on the organization during the year under. 5 Section 501(c)(3) and (4) organizations. Enter annount of tax imposed on the organization during the year under. 5 Section 501(c)(3) and (4) organizations. Enter annount of tax imposed on the organization during the year under. 5 Section 501(c)(3) and (4) organizations. Enter annount of tax imposed on the organization during the year under. 5 Section 501(c)(3) and (4) organizations. Enter annount of tax imposed on the organization during the year under. 5 Section 501(c)(3) and (4) organizations. Enter annount of tax imposed on the organization approyear? If "Yes," complete Schedule L, Part I. 6 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 6 Enter amount of tax imposed on organization managers or disqualified persons during the y	Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
33				Yes	No
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 \$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 explaning your reason for not reporting the income on Form 990-T. \$35 If the organization have unrelated business gross income of \$1,000 or more or section 603(e) notice, reporting, and proxy tax requirements? \$36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N \$36 VI If "Yes," has it filled at a kir return on Form 990-T for this year? \$37 Elter amount of political expenditures, direct or indirect, as described in the instructions. ▶	33		33		✓
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 and proxy tax requirements? a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36 V was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete schedule N 36 V was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete Schedule N 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0 0 0 0 0 0 0 0 0	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	34		1
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137a 0 0 1 37b Did the organization beform 1120-POL for this year? 38a Did the organization beform 1120-POL for this year? 38b Did the organization beform 1120-POL for this year? 38c Did the organization beform from, or make any loans to, any officer, director, frustee, 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? 38c Did the organization beform 1120-POL for this year? 38c Did the organization beform 1120-POL for this year? 38c Did the organization beform 1120-POL for this year? 38c Did the organization beform 1120-POL for this year? 38c Did the organization beform 990-EZ In the period covered by this return? 38c Did the organization have any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38c Did the organization lease and capital contributions included on line 9 38c Did the organizations. Enter amount of tax included on line 9, for public use of club facilities. 38c Did the organization shall provided any section 4955 ▶ 0 b Section 501(c)(3) organizations. Enter amount of tax imposed on organizations. Did the organization form a prior year? If "Yes," complete Schedule L, Part I . c Enter amount of tax in mposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax in mice 40c reimbursed by the organization of prove in the period organization and prior the period organization and prior the period organization and prior the period organizati	35		4 i,	*	~
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a] 0 37b Did the organization in Form 1120-POL for this year? 38a 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? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section \$01(c)(7) organizations. Enter a linitation fees and capital contributions included on line 9 39 Gross receipts, included on line 9, for public use of club facilities 40a Section \$01(c)(3) and (4) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0 b Section \$01(c)(3) and (4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year under sections 4912, 4955, and 4958 d 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 imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d 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 imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d 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 imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	35a		1
complete applicable parts of Schedule N 7a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	b		35b		<u> </u>
The amount of political expenditures, direct or indirect, as described in the instructions. ▶	36		36		1
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b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c 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 8866-T. 1 List the states with which a copy of this return is filed. ▶ Washington 1 Telephone no. ▶ (206) 341-4251 Located at ▶ 17077 Meridian Ave N, Shoreline 2 IP + 4 ▶ 98133 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 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. Figure 1. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		1 1	₹	5	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c 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 a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed. ▶ Washington 12 The books are in care of ▶ Alleen Lu and Brian Heagler Telephone no. ▶ (206) 341-4251 Located at ▶ 17077 Meridian Ave N, Shoreline Telephone no. ▶ (206) 341-4251 Located at ▶ 17077 Meridian Ave N, Shoreline Telephone no. ▶ (206) 341-4251 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 491(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No The body and the propagation of the propagation of the U.S.? Yes No		minutes rose and suprial contributions moladed on the co	**		.20
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L, Part I c 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. List the states with which a copy of this return is filed. ▶ Washington Located at ▶ 17077 Meridian Ave N, Shoreline Located at ▶ 17077 Meridian Ave N, Shorelin	b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	2		
d Enter amount of tax on line 40c reimbursed by the organization ■ All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ Washington The books are in care of ▶ Alleen Lu and Brian Heagler			40b		✓
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. 41 List the states with which a copy of this return is filed. ▶ Washington 42a The books are in care of ▶ Alleen Lu and Brian Heagler Telephone no. ▶ (206) 341-4251 Located at ▶ 17077 Meridian Ave N, Shoreline ZIP + 4 ▶ 98133 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ □ 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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	С	the year under sections 4912, 4955, and 4958		% .	e .
transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ Washington Telephone no. ▶ (206) 341-4251 Located at ▶ 17077 Meridian Ave N, Shoreline Diagram over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 Pyes No Yes No	d	Enter amount of tax on line 40c reimbursed by the organization	7.7		3.28
Telephone no. ► (206) 341-4251 Located at ► 17077 Meridian Ave N, Shoreline ZIP + 4 ► 98133 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No Yes No Yes No Yes No Yes No Yes No Form 990-EZ 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 Via 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	е	transaction? If "Yes," complete Form 8886-T	3 40e	,	✓
Located at ▶ 17077 Meridian Ave N, Shoreline ZIP + 4 ▶ 98133 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 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 Yes No Yes No Yes No Yes No Section 4947(a)(1) nonexempt charitable during the tax year . ▶ □ If "Yes," Form 990-EZ					
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and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		•	- 	1 1	4
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If "Yes," enter the name of the foreign country: ► 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 144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	c		42c		1
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	Ŭ			1	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43				▶ 🗆
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				Var	
Form 990-EZ		Dalling	4	Tes	NO
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	44		1		
"Yes," Form 990 must be completed instead of Form 990-EZ	AF		144	 	, v
	40		45		1
				0-E7	(2008)

Р	an	_	4

Part	'Section 501(c)(3) organizations only and complete the tables for lines 50 a		(3) organizat	ions mus	st answer questi	ons 4	6–49	
46 [Did the organization engage in direct or indirect		tivities on beha	alf of or in	n opposition to		Yes	No
	candidates for public office? If "Yes," complete s					46	L	✓
47 I	Did the organization engage in lobbying activities	s? If "Yes," complete	Schedule C, P	art II .		47		✓
48 I	Is the organization operating a school as describ	ed in section 170(b)(1)(A)(II)? If "Yes	," comple	ete Schedule E .	48		✓
49a l	Did the organization make any transfers to an ex	empt non-charitable	related organiz	ation?		49a	1	✓
	If "Yes," was the related organization(s) a section	-				49b		<u></u>
	Complete this table for the five highest compense each received more than \$100,000 of compense					emplo	oyees) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position	' '	pensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expension and allowa	nd
None)	-						
		-						
		-						
		-						
		-						
Total	number of other employees paid over \$100,000 ▶	-						
	Complete this table for the five highest compens compensation from the organization. If there is r		ntractors who	each rece	eived more than \$1	00,000	O of	
	(a) Name and address of each independent contractor	r paid more than \$100,000		(b) Ty	pe of service	(c) Cor	mpens	ation
None	<u> </u>							
								
								
			·					
 Total	number of other independent contractors each	receiving over \$100.0	00 🕨					
Sign	Under penalties of penury, I declare that I have examined belief, it is true, obrrect, and complete Declaration	nined this return, including	accompanying sch	nedules and on all inform	statements, and to the mation of which prepare	er has a	my kno ny kno	wledge wledge
Here					Date	<u> </u>		
	Brian Heagler, Co-Treasurer							
	Type or print name and title				<u> </u>			
Paid	Preparer's signature		Date	Check if self-employed	Preparer's Identifying	Number	(See ins	tructions)
Prepa Use C	I Firm S hame for yours N				Ein P			
	address, and ZIP + 4				Phone no ► ()			
May t	the IRS discuss this return with the preparer sho	own above? See instri	uctions	<u> </u>			es [☐ No
						om QC	10-F	/2008)

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
2008

Department of the Treasury
Internal Revenue Service

Name of the organization

Department of the Treasury
Internal Revenue Service

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

Employer identification number

			y Assoc. PTSA						91		1609258	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganızatio	ons mus	t comple	ete this	part.) (s	see instru	ctions)	
The	orga			dation because it is:								
1				rches, or association						(A)(i).		
2				on 170(b)(1)(A)(ii). (Att					- (-/(-/	· 4(4)		
3				nospital service organ			ın sectio	n 170(b)	(1)/A)/iii	Attach S	Schedule H \	
4				ition operated in conj								r the
			me, city, and st									
5		An organizat	ion operated for (b)(1)(A)(iv). (Coi	the benefit of a colleg	ge or uni	versity ov	vned or o	perated	by a go	vernmenta	l unit describ	ed ın
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in sect i	ion 170(t	o)(1)(A)(v).		
7		An organizat	on that normally	receives a substantia	al part of	its suppo	rt from a	governm	ental ur	nit or from	the general p	ublic
		described in	section 170(b)(1)(A)(vi). (Complete P	art II.)							
8				d in section 170(b)(1)								
9	/	An organizat	ion that normally	receives: (1) more tha	an 331⁄3 %	of its su	pport froi	m contrib	utions,	membersh	ip fees, and g	ross
				ed to its exempt funct								
				ent income and unre						n 511 tax)	from busine	esses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	mplete F	Part III.)			
10		An organizat	ion organized ai	nd operated exclusive	ly to test	t for publ	ıc safety.	See sec	tion 50	9(a)(4). (se	e instructions	s)
11				ind operated exclusiv								
				blicly supported organ								ction
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting orga	anızatıon	and com	iplete lir	nes 11e thi	ough 11h.	
		a □ Type	-			e III-Fun					Type III-Oth	
е				tify that the organizat								
				n managers and other	r than one	e or more	publicly	supporte	d organ	ıızatıons de	escribed in se	ction
		509(a)(1) or	section 509(a)(2)	•								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type i	, Type	II, or Type	III supportin	ng
			, check this box									
g				the organization acce	pted any	gift or c	ontributio	on from a	iny of th	ne		
		following per									 r	
				r indirectly controls, e				h persor	ıs desci	rıbed ın (ıı)		No
		and (III) b	elow, the gover	ning body of the supp	orted or	ganızatıo	n? .				11g(ı)	
				rson described in (i) a							11g(ii)	
				of a person described							11g(iii)	
<u>h</u>				ation about the organ					,			
(1)		e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1-9		organization		ou notify) is the ation in col	(vii) Amount support	of
	•	•		above or IRC section			col (ı)	of your	(i) orga	nized in the	заррол	
				(see instructions))				oort?		JS?		
		· 		-	Yes	No_	Yes	No	Yes	No		
						ļ						
												
					_						<u> </u>	
										<u> </u>		
	_					 		<u> </u>		_		

Total

	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	U(D)(1)(A)(IV) .)	and 170(b)(1	I)(A)(VI)
Sec	tion A. Public Support			<u>-</u> .			
Ca	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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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)		* * *	***	*		
6	Public support. Subtract line 5 from line 4			6 × /	& & · .	, , ,	<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(=) 2004	(h) 000E	(-) 0000	(-1), 0007	() 2000	(n = · ·
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		\$ 1 V \$ 100		F #/A	"黑色激光	
12	Gross receipts from related activities, etc	c. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere <u></u>	<u> </u>		-		
	tion C. Computation of Public Su					,	
14	Public support percentage for 2008 (line		•	1, column (f))		14	<u>%</u>
15	Public support percentage from 2007 Sc					15	<u>%</u>
16a	331/3 % support test – 2008. If the organ						
	and stop here. The organization qualifies						
b	331/3 % support test—2007. If the organ box and stop here. The organization quantum stop here.	ization did not alifies as a pub	check a box on licly supported	line 13 or 16a, organization	and line 15 is	331/3 % or more	, check this ▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	008. If the orga facts-and-circu	nization did not i mstances" test,	check a box on check this box	line 13, 16a, or and stop here.	16b, and line 1 Explain in Part	4 is 10% or IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "organization meets the "facts-and-circumst	7. If the organization	ation did not che nstances" test, o	ck a box on line	13, 16a, 16b, o and stop here .	r 17a, and line 1 Explain in Part	5 is 10% or IV how the
18	Private foundation. If the organization did						

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	alendar 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.")	4,609	5,783	4,980	6,937	4,759	27,068
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	73,158	67,158	62,995	66,018	64,569	333,898
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 77,767	0 72,941	0 67,975	0 72,955	0 69,328	360,966
6 7a	Total. Add lines 1-5		-				
b	received from disqualified persons . Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 2. The .11 and 1.2 for the	0	0	0	0	0	0
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)		}^ *	》	, , , , , , , , , , , , , , , , , , ,	ž /* .	360,966
	ction B. Total Support				_		
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	77,767	72,941	67,975	72,955	69,328	360,966
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	170_	140	140	102	61	613
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	170	140	140	102	61	613
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	. *	~ § .	. , , , , , , , , , , , , , , , , , , ,		***	361,579
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourt	•		
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2008 (lir				(f))	15	99.8 %
16	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 2		<u></u>	16	99.8 %
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 200			-	olumn (f)) .	17	.2 %
18	Investment income percentage from 20					18	.2 %
19a b	33\% % support tests - 2008. If the org 17 is not more than 33\% %, check this b 33\% % support tests - 2007. If the organ	oox and stop he	e re. The organ check a box or	ization qualifie: n line 14 or line	s as a publicly : 19a, and line 1	supported orga 6 is more than	anization ► 🗹 33%%, and _
	line 18 is not more than 33% %, check thi	s box and stop	here. The orga	anızatıon qualıfı	es as a publicly	supported orga	inization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see ins	tructions 🕨 🗀

Schedule A (Fo	rm 990 or 990-EZ) 2008 Page	4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10. Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	;
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