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# SCANNED JAN 2 1 2010,

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.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

B Check explication   D Employer identification number   Machines carried   Section 2016   Carnoton Western Little League   Section 2016   Carnoton Revenue   Carnoton R	A	For the	2008 calend	lar year,	, or tax year beginning	October 1	, 2008, and end	ling Septe	mber	30 , 20 09		
Number and more per per la manufacture   Part of Part   Part of Part of Part   Part of Part   Part of Part of Part   Part of Part of Part of Part   Part of	_	Check if a	applicable	The last of digamental and the last of the				oyer identification number				
Contributions, gifts, grants, and smallar amounts received.   1   273-4446     273-4446     273-4446	M		label or   Cranston Western Little League 52					1330890				
Temminator   Section   Thurmmingbird Lane   Carlot   Forus Exempts   Forus	H		-	print or	Number and street (or P O I	oox, if mail is not deliv	ered to street address) I	Room/suite E Telej	phone	number		
Application perioding control of Carp of the manufacture of Country, and ZPP + 4 Application perioding control of Carps of Carp of Carps	H				7 Hummingbird Lane			(40	1)	273-4446		
Application perding   Section 501(c)(s) organizations and 4047(c)(f) monexempt charitable trusts must attach a completed Schedule A (Form 950 or 990-EZ).    Website:   H Check   1 the organization is not a section 501(c)(s) - 4 (insert no)   4947(a)(1) or   527   500	Ħ			Specific		y, and ZIP + 4	- <del></del>					
Website: ►   Check	$\Box$	Application	on pending		i				•	<b>▶</b>		
Website: ►   Check	_	• Secti	ion 501(c)(3)	organiza	ations and 4947(a)(1) nonex	empt charitable tr	usts must attach	G Accounting m	ethod	☑ Cash ☐ Accrual		
Website: ►												
Website: ►								H Check	uf the	e organization is <b>not</b>		
Organization type (check only one) =	ł	Websit	te: 🕨									
K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to the a return, be sure to file a complete return.  Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990. EZ ▶ \$ 116,291  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and smilar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross and activities (complete applicable parts of Schedule G), If any amount is from gaming, check here ▶ ☐ 6 Spacial events and activities (subtract line 5b from line 6a). 6 C Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6 C C Gross profit or (loss) from special events and activities (Subtract line 6b from line 6a). 6 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 6a). 7 G Cross sales of inventory. 8 Other revenue (describe ▶ State Tournament) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 9 95,995 10 Grants and smillar amounts pand (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Part II Benefits paid to or for members 16 Other expenses (describe ▶ State Tournament) 17 Total revenue. Add lines 10 through 16 15 17 from line 9. 18 EXCESS of (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at end of year. Crombine lines 17 (column (A)) (must agree with 19 55,463 20 Other changes in net assets or fund ba	J	Organiz	zation type (d	check or	nly one) – 🗹 501(c) ( ) ◀	(insert no ) 🔲 49	47(a)(1) or			, ,		
not required, but if the organization chooses to file a return, be sure to file a complete return    Add lines 50, 6b, and 7b, to line 9 to determine gross receipts, if \$10,00,000 or more, file form 990 instead of Form 990-EZ								ots are normally no	more	than \$25,000. A return is		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1								oto are mormany me		11011 425,500 71101511111		
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less. cost or other basis and sales expenses. 5 Cain or (loss) from sale of assets other than inventory (subtract line 5 from line 5a) (attach schedule). 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □  2 Cass are expenses other than fundraising expenses. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □  3 Cross revenue (not including \$	L	Add line	s 5b, 6b, and	7b, to lir	ne 9 to determine gross receip	ts, if \$1,000,000 or m	ore, file Form 990 inste	ead of Form 990-EZ	▶ 5	116,291		
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b Less. cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule).  6 Special events and activites (complete applicable parts of Schedule (6). If any amounts from gaming, check here  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		5a	Gross amo	ount fro	m sale of assets other tha	an inventory	5a					
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)   5c		1				•	(		7			
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here □ a Gross revenue (not including \$ of contributions reported on line 1)					•			attach schedule)	5c	-1		
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b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 1	Ķ	а										
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7a   12,992		С				• ,	ract line 6b from lin	ie 6a)	6c	(1,018)		
b Less. cost of goods sold		7a				•	1 1					
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   (1,276)   8 Other revenue (describe ► State Tournament		Ь			•		7b	14,268		_		
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10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors JAN I 5 2010		8	Other revenue (describe State Tournament)						8	15,819		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 (line 13		9	Total reve	nue. A	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	95,995		
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ▶  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year. Combine lines 18 through 20  21 Ges the instructions for Part II.)  (A) Beginning of year  (B) End of year  (C) Total liabilities (describe ▶  (C) Net assets or fund balances (line 27 of column (B) must agree with line 21)  (C) Total liabilities (describe ▶  (C) Net assets or fund balances (line 27 of column (B) must agree with line 21)  (C) Total liabilities (describe ▶  (C) Total liabilities (describe P  (C) Total		10	Grants and	sımila	r amounts paid (attach so	hedule)			10			
Part II Balance Sheets. If Total assets or fund balances at end of year. Combine lines 18 through 20  Cash, savings, and investments  Cash, savings, and investments  Cash, savings, and investments  Cash, savings, and investments  Cash Salaries, other compensation, and employee benefits  In a professional fees and other payments to independent contractors  JAN I 5 2010  Cash Salaries, other compensation, and employee benefits  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments to independent contractors  JAN I 5 2010  In a professional fees and other payments in a professional feet of payments  In a professional fees and other payments in a professional feet of payments in a payment in a professional feet of payments in a payment in a paym		11					. RECEN	I.E.D.	11			
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16	es	12	Salaries, o	ther co	mpensation, and employe	e benefits	~	<u>/ L.D.</u>	12			
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16	SUS	13	101									
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16	×	14	Occupancy	y, rent,	utilities, and maintenance		TI NAN IDIZ	(VIQ .   Q	14			
16 Other expenses (describe	ш	15	Printing, pi	ublication	ons, postage, and shippin		· .	22	_			
18		1	Other expe	enses (d	describe ▶		OCDEN	117	16			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation).  21 Net assets or fund balances at end of year. Combine lines 18 through 20.  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (Cash, savings, and investments  10 23 00  24 Other assets (describe   25 Total assets  16 Column (B) must agree with line 21)  26 Column (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Describe with line 27 of column (B) must agree with line 21)  29 Describe with line 27 of column (B) must agree with line 21)	_	17					- OCIDLIN,	.U.   . ▶	+	<del>+</del>		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year (B) End of year  (B) End of year  (Cash, savings, and investments	ts	18							18	10,563		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year (B) End of year  22 Cash, savings, and investments	SSE	19	Net assets	or fun	nd balances at beginning	of year (from line	e 27, column (A)) (r	must agree with				
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year (B) End of year  22 Cash, savings, and investments	¥	1	end-of-yea	ır figure	e reported on prior year's	return)				55,463		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year (B) End of year  22 Cash, savings, and investments	Š		Other char	nges in	net assets or fund balance	es (attach explan	ation)					
(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       55,463       22       66,026         23 Land and buildings       0       23       0         24 Other assets (describe ▶       )       0       24       0         25 Total assets       55,463       25       66,026         26 Total liabilities (describe ▶       )       0       26       0         Net assets or fund balances (line 27 of column (B) must agree with line 21)       55,463       27       66,026												
22 Cash, savings, and investments       55,463       22       66,026         23 Land and buildings       0       23       0         24 Other assets (describe ►       )       0       24       0         25 Total assets       55,463       25       66,026         26 Total liabilities (describe ►       )       0       26       0         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       55,463       27       66,026		art II	balance :				\$2,500,000 or mor			<del></del>		
23 Land and buildings	_							<del></del>	<del>-</del>	<del></del>		
24 Other assets (describe ►       )       0 24 0       0         25 Total assets       55,463 25 66,026         26 Total liabilities (describe ►       )       0 26 0         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       55,463 27 66,026								55,				
25 Total assets	_	Land	a and buildu	ngs .				<del></del>				
26       Total liabilities (describe ▶       )       0       26       0         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       55,463       27       66,026	, EF 462 OF											
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 55,463 27 66,026			-					55,				
		Tota	al liabilities (	describ	langes (line 27 of solumn	(R) must sares :	with line 21)	FE				
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Form 990-EZ (2,008)					Page 2
Part III Statement of Program Service Accom	plishments (See the inst	tructions for Part I	11.)		Expenses
What is the organization's primary exempt purpose?				(Req	uired for 501(c)(3)
what is the organization's primary exempt purpose?	-t			and	(4) organizations 4947(a)(1) trusts,
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt purposes. I	n a clear and conc	rogram title	ontio	onal for others)
			ogram due.	98	
28 Baseball organization for children ages 5-14. Ap	proximately 600 participation	ants			
(Grants \$ ) If this amount incl				28a	85,432
29					
				00	İ
(Grants \$ ) If this amount incl	udes foreign grants, checi	< nere		29a	
30					İ
					ì
	udes foreign grants, check			30a	
31 Other program services (attach schedule) .				-	
(Grants \$) If this amount incl	udes foreign grants, check	k here	<b>&gt;</b> \( \square\)	31a	ı
32 Total program service expenses (add lines 28a ti	1 01 \		<u> </u>	32	85,432
Part IV List of Officers, Directors, Trustees, and Key		on if not components			
List of Officers, Directors, Trustees, and Rey			(d) Contribution		(e) Expense
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &	account and
	devoted to position	enter -0)	deferred compe	nsation	other allowances
Michael Varrato	President, 10				
2124 Cranston Street, Cranston, RI 02920	111111111111111111111111111111111111111	0		0	0
Gary Bucci	Vice President, 5				
67 Sage Drive, Cranston, RI 02921	vice Fresident, 5	0		0	0
Frank Montonaro			_		·
214 Locust Glen Drive, Cranston, RI 02920	Secretary, 2	0		0	0
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Mark Tetreault	Treasurer, 8			•	
7 Hummingbird Lane, Cranston, RI 02921		0		0	0
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Par	t V 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		V		
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		_		
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		_		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		~		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0					
	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?	38a		~		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4				
39	Section 501(c)(7) organizations Enter:					
а	Initiation fees and capital contributions included on line 9	4				
	Gross receipts, included on line 9, for public use of club facilities	4				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶, section 4915 ▶					
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		,		
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					
	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. ▶ None					
42a	The books are in care of ▶ Mark Tetreault Telephone no. ▶ (401	) <u>2</u>	73-44	46		
	Located at ▶ 7 Hummingbird Lane, Cranston, RI ZIP + 4 ▶	029	21			
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	404	Yes	No		
	account)?	42b	_			
	If "Yes," enter the name of the foreign country:		ļ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
С	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:	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 ▶ 43					
			-	N -		
			Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					
4-	Form 990-EZ	44	_	-		
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		~		
		00				

Ρ	'ac	ıe	

Par	t VI	and complete the tables for lines 50 a	. All section 501(a and 51.	c)(3) organiza	itions mu	st answer questi	ons 40	6–49	
46	Did the	e organization engage in direct or indirect p	<del> </del>	ctivities on bel	nalf of or I	n opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I								~
		e organization engage in lobbying activities					47		~
		organization operating a school as describe				ete Schedule E .	48		~
49a	Did the	e organization make any transfers to an exe	empt non-charitable	related organ	izatıon?		49a		~
b	If "Yes	s," was the related organization(s) a section	527 organization?				49b		
		lete this table for the five highest compensate eceived more than \$100,000 of compensat					emplo	oyees)	who
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	·   ` `	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowan	ıd
NON	IE .							-	
Total	numbe	er of other employees paid over \$100,000	-		<del></del>				
		(a) Name and address of each independent contractor	paid more than \$100,000		<b>(b)</b> Ty	pe of service	(c) Con	npensa	tion
NON									_
	1.2.4		<del></del>						
					<del></del>				
 Total	numbi	er of other independent contractors each re	eceiving over \$100 (	000		<del></del>			
Sign		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete, Declarate	ned this return, including	accompanying so					
Here		Signatule of officer  Mark E. Tetreault, Treasurer	<del></del>			Date			
	]	Type or print name and title							
Paid Prepa	arer's	Preparer's signature		Date	Check if self- employed	Preparer's Identifying	Number (S	See instr	uctions
Use (		Firm's name (or yours if self-employed).				EIN ►			
		address, and ZIP + 4				Phone no ► ( )			
May	the IRS	S discuss this return with the preparer show	wn above? See instr	uctions	<u> </u>	<u></u>			
				_		F	orm <b>99</b> 6	0-EZ	(2008

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

20

Employer identification number

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization nonexempt charitable trusts.

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

**Cranston Western Little League** 1330890 52 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization 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 il ) 6 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3 % 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 331/8 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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  $\square$  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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (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? 11g(i) 11g(ii) (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(iii) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notity (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? (see instructions)) US? Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 107.000 134,000 114.000 128.000 116.291 599.291 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 107,000 134.000 114,000 128.000 116,291 599,291 Total. Add lines 1-3 . . . . . 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 O shown on line 11, column (f) 599,291 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 107,000 134,000 114,000 128,000 599,291 116,291 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 172 133 126 128 13 572 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 599.863 Total support. Add lines 7 through 10 . 599,291 Gross receipts from related activities, etc (see instructions) . . . . . . . . . . . . . . . . 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 Section C. Computation of Public Support Percentage 99.9 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.8 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . . . . . . 16a 33% % support test-2008. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box 331/3 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this .▶ □ 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 b 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 . . . .

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Coho	dule A (Form 990 or 990-EZ) 2008							S
_	Support Schedule for Orga (Complete only if you checke				1)(2)			Page
Sec	tion A. Public Support							
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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	Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the 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 1-5		-	<u> </u>	<del></del>		_	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						_	
C	Add lines 7a and 7b			ļ				
8	Public support (Subtract line 7c from	×		*	~			
Sec	tion B. Total Support	<u> </u>	l	I}		<u> </u>	<u> </u>	
	elendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	Amounts from line 6	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(0, 10, 10	(0) 2000	(0, 200)			(,)
-	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)				<u> </u>		-	
14	First five years. If the Form 990 is for organization, check this box and stop	here .	<u> </u>	nd, third, fourth				on 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Perce	ntage					
15	Public support percentage for 2008 (lin	e 8, column (f	) divided by Iir	ne 13, column	(f))	15		<u>%</u>
16	Public support percentage from 2007 stion D. Computation of Investment			7g	<u> </u>	16		<u>%</u>
	tion D. Computation of Investmen					1= 1		0.
17	Investment income percentage for 200	<b>B</b> (line 10c, col	lumn (f) divide	d by line 13, co	olumn (f)) .	17		%

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . . .

19a 33½ % support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □
b 33½ % support tests – 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and \_\_\_

\_18

%

Chedule A (Form 990 or 990-EZ) 2008 Page <b>4</b>							
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instruction)	, line 10; ctions)					
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