

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

	A F	or the	2008 calendar year, or tax year beginning Wellman , 2008, and en	nding November 30, 2009	
		Check if a	The state of the s	D Employer identification number	
	=	Address o Name cha	label or auce aung of general	87:0131177	
	=	Initial retu	Number and street (or P O box, if mail is not delivered to street address)		
	=	Terminatio		(253) 835-507/	•
	=	Amended	Specific	F Group Exemption	
	=		return Instructions. City or fown, state or country, and 219 + 4 C	Number • MA	
	•	Secti	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting method: ☐ Cash ☐ Accounting method: ☐ Cash ☐ Accounting method:	rual
		Vebsit	e: De Mone	H Check ► ☐ If the organization is not required to attach Schedule B (Form 990	
•			ation type (check only one) – 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 990-PF)	
			· 🔲 If the organization is not a section 509(a)(3) supporting organization and its gross rece	upts are normally not more than \$25,000 A retu	ırn ıs
			ired, but if the organization chooses to file a return, be sure to file a complete return	tood of Form 200 F7 . b & /// / a /	, —
		art I	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 ins Revenue, Expenses, and Changes in Net Assets or Fund Balances		—
		1	Contributions, gifts, grants, and similar amounts received	1 //0.98	8
		2	Program service revenue including government fees and contracts	2	
	- 1			3	
	- 1	3	Membership dues and assessments	· · · · · · · · 	
	- 1	4	Investment income RECEIVED	· · · · · · 4	
		5a	Gross amount from sale of assets other than inventory		
	- 1	b	Less: cost or other basis and sales expenses principle.	**************************************	
		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	(attach schedule) 5c	
	음	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, c	heck here	
	Revenue		-	, index note	
	ě	а	Gross revenue (not including \$ OGDEN, of Contributions		
	۳		reported on line 1)		
		b	Less: direct expenses other than fundraising expenses <u>6b</u>		
		C	Net income or (loss) from special events and activities (Subtract line 6b from li	ne 6a) 6c	
		7a	Gross sales of inventory, less returns and allowances		
		b	Less: cost of goods sold		
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b-from line 7a)	7c	
		8	Other revenue (describe > not Martil mane / Interest on	come 8 3613	3
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 //4 60	5/
	\rightarrow				/
		10	Grants and similar amounts paid (attach schedule) Thogiam Alen	wees 10 103, 01,	
		11	Benefits paid to or for members	11	
	è	12	Salaries, other compensation, and employee benefits Life.	l. kremium 12 310	<u>, </u>
	Si l	13	Professional fees and other payments to independent contractors	13	
	Expenses	14	Occupancy, rent, utilities, and maintenance . Office . Expense.	14 3,724	<u> </u>
_	ш	15	Printing, publications, postage, and shipping	Stel esp 15 1/846	
ĵ.	2	16	Other expenses (describe	16	
วกก	2	17	Total expenses. Add lines 10 through 16		77
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		70
€	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
JAN	As		end-of-year figure reported on prior year's return).		5
$ \leq $	#	20	Other changes in net assets or fund balances (attach explanation)		
	ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		
	-	rt	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mo		,—
	Га				:
\vec{z}			(See the instructions for Part II)	(A) Beginning of year (B) End of year	75
SCANNED	22	Casl	n, savings, and investments	6.744 22 5.04	2
0	23	Land	l and buildings	104,000 23 101,96	<u>.</u>
(J)	24		r assets (describe >)	24	
	25		l assets	25	
	26		I liabilities (describe ►)	26	
	27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	110 744 27 101.00	14
			Act and Panamurk Poduction Act Notice, see the Instruction for Form 990	Cat No. 105401 Farm 990-E7 //	7

		. C C D d			
Part III Statement of Program Service Accom					Expenses
What is the organization's primary exempt purpose?	sternational 17	inestry to			uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner,		4947(a)(1) trusts;
describe the services provided, the number of persons bei	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others)
28 Gardwill - Clothing	I on alion				50.182
- Colland	A. J. 123	••••			
Test aly- Food do	nalion	•••••		i	109
77.7		horo		28a	·
	udes foreign grants, check		·	20a	
29 Childrens Hospital - 7	ay lonation				110
	. k				21121
Monlay Gorations		71.51			3.474
(Grants \$) If this amount incli	udes fereigh grants, check	here	. 🕨 🗌 🛭	29a	
30 Food Clothing Goo	Ks - Philips	anes Me	sistra		35.080
	00-0			1	
morelany surport-	Philippine 1	nenestry			14,056
	udes foreign grants, check	here	. > 🗆 :	30a	
31 Other program services (attach schedule)					
, ,	udes foreign grants, check	here	. ▶ ⊓!	31a	
32 Total program service expenses (add lines 28a th				32	103011
Part IV List of Officers, Directors, Trustees, and Key		n if not compensate			ons for Part IV
and or emotion production induced, and rey	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit pla	ans &	account and
A la	devoted to position	enter -0)	deferred compensa	ation	other allowances
Fichard // Fistan	Tresiding	D	No.		965
3719 - 800 31913 St Federal Way	30 Tu	-0			903
WA 98023					
	10/				
Therenes Capagnes - Monison	see mess.		ar .		015
SUA, 50 th Paul 56 Deatle	30 m.	8			965
W4.98118					
Hockary sarate	Chair man of the	2			5/
SIA VIADIALA IT SEATTLE	Brake	10	D		B
NA 98101	36	· · ·			
h+p4.4.4.					
Tan 11/000	Board Mensen				
1574 6 20 000 000 00 00 00 00	- ' ' -	25	D	1	JY.
13369 no Rosano Ra. Anacon	5		ν	-	
WA, 98221					
	1 .				
Thurs byon	avard Mender	N	~		2
1817 26 th ave to sently		4			
Philip Dixon 1817 26 th ave so south WA, 98144	-		-		
Sis George As Moraeld Konj	Board Member	B	D		h /
A821 Rest-Ree moraled Cont	pord o know		N		<i>D</i>
NA 95032	A				
7,000	,,,				
		, ,,,,,,,			
				ĺ	
					
				ŀ	
				İ	
]	

Pai	rt 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		
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	3		4
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		
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		44. a.	
	Did the organization file Form 1120-POL for this year?	37b		<u></u>
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?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4	. , .	
39	Section 501(c)(7) organizations. Enter:		- *	
	Initiation fees and capital contributions included on line 9	-[. E	į
	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 ▶ ; section 4912 ▶ ; section 4955 ▶	∯ 200 1:		» ^`
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		1	,
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b		
_	L, Part I	*#/	7 2	
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	3.	4 *7" 	******
	Enter amount of tax on line 40c reimbursed by the organization ▶	3 2	* * * */	
е	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. Nashington	\ 000	2 2	
42a	The books are in care of \blacktriangleright NV-fund $+$ Agragayo $-$ NAVUVA Telephone no. \blacktriangleright 200 Located at \blacktriangleright . $\$44/$.	8118	1-d7 -41	100. 605
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	1 10
	account)?	i	. 🔅	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	.		j
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>/</u>
	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 ▶ 43			
		ſ	Vaal	Nc.
44	Did the exception mountain any depart of finds (15 W/s) Faure 000 at the secretarial of the	*	Yes	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
45	Form 990-EZ			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 48 18 the organization operating a school as described in section 170(b)(1)(A)(i) If "Yes," complete Schedule E 49 49 49 49 49 49 49	Part	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar)(3) organiza	tions mu	ist ans	swer ques	tions 4	6–49	
acandidates for public office? If "Yes," complete Schedule C, Part I 7 Did the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 8 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 8 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 If "Yes," as the related organization(3) as section 52? organization? 9 Did the organization in the five highest compensated employees (other than officers, directors, trustees and key employees) whereach received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 legislation of other employees paid over \$100,000 legislation. Total number of other employees paid over \$100,000 legislation. Total number of other employees paid over \$100,000 legislation. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization in there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 legislation. (b) Type of service (c) Compensation. 1 Did number of other independent contractors each receiving over \$100,000 legislation. 1 Did number of other independent contractors each receiving over \$100,000 legislation. 2 Did not be organized to reputy, idealized that I have examined this return, nucluring accompanying schedules and statements, and to be best of my knowledge and best of receiving the pagnate in the best of my knowledge and best of efficer. 1 Did number of officer pagnates that have examined this return, nucluring accompanying schedules and statements, and to be best of my knowledge and best of efficer. 1 Did number of officer pagnates the series of each officer pagnate to efficient pagnates t	46 [Old the organization engage in direct or indirect p	olitical campaign ac	tivities on beh	alf of or I	n oppo	sition to		Yes	No
Signate organization operating a school as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E. 49a 49a 49b 10 49a								46		~
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 49b 149b 14		· · · · · · · · · · · · · · · · · · ·						47		V
49a Uthe organization make any transfers to an exempt non-charitable related organization? 49a										~
b "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) wheath received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 Description								49a		
Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) whe each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 logonia prevents than \$100,000 elevated to position that \$100,000 elevated to position elevated to position elevated to position devoted to position elevated								49b	<u> </u>	
(a) Name and address of each employee paid more than \$100,000								ey emplo	oyees) who
Total number of other employees paid over \$100,000 ▶ 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledg and belyst. The state of the pension of pengare (other than officer) is based on all information of yhich preparer has any knowledg. Sign Here Paid Preparer's Signsture Preparer's		(a) Name and address of each employee paid more than \$100,000	hours per week	, , ,	mpensation	employe	e benefit plans	& acc	ount ar	nd
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000		hone								
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledg and belefity, true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg Sign Here Preparer's Type or print name and title Date Check if self-miployed or pending the self-self-self-self-self-self-self-self-						<u> </u>				
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000										
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000										
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledg and bellef, this true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg and bellef. This true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg and bellef. The preparer's Date Preparer's Use Only and Cale to the correct of the preparer of officer of the preparer of officer of the preparer's libertifying Number (See instruction signature). EIN Preparer's libertifying Number (See instruction signature). Firm's name (or yours if self-employed). address, and ZIP + 4.										
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Type of service (e) Compensation (e) Type of service (f) Compensation (g) Type of service (h)	Total r	number of other employees paid over \$100,000 -								
Total number of other independent contractors each receiving over \$100,000 . Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledg and belef, it's true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg signature of officer North Date Check if self-employed Preparer's		•	•	ntractors who	each rec	eived i	nore than \$	3100,000) of	
Total number of other independent contractors each receiving over \$100,000 Under penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledg and beleft. It is, true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg Signature Date Check if self-self-self-self-self-self-self-self-			paid more than \$100,000		(b) Ty	pe of se	rvice	(c) Con	npensa	tion
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beyer, it is, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Date Date Date Preparer's Identifying Number (See instruction signature Preparer's Identifying Number (See instruction s		none								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Date Date Date Preparer's Identifying Number (See instruction signature Preparer's Identifying Number (See instruction										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beyer, it is, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Date Date Date Preparer's Identifying Number (See instruction signature Preparer's Identifying Number (See instruction s										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beyer, it is, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Date Date Date Preparer's Identifying Number (See instruction signature Preparer's Identifying Number (See instruction s										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beyer, it is, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Date Date Date Preparer's Identifying Number (See instruction signature Preparer's Identifying Number (See instruction s										
and belef, it's true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	Total	number of other independent contractors each re	ceiving over \$100,0	00 ▶						
Spenature of officer KICHARD M. MORRISON PRESIDENT Type or print name and title Preparer's signature Preparer's Visual Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's North All Properties of officer Preparer's Date Check if self-employed Self-employed EIN Properties North All Properties		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including a on of preparer (other that	accompanying sc n officer) is based	hedules and I on all infori	stateme mation o	ents, and to the of which preba	e best of n rer has an	ny knov ny knov	vledge /ledge
Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Freparer's Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4	_	KICHARD M. MORRISON	N PRES	IDENT		Date	Jaije			
Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no ► ()		signature		Date	self-		eparer's Identifyir	ng Number (See instr	uctions)
Use Offiy if setf-employed, address, and ZIP + 4 Phone no ▶ ()	-	I Firm's name for yours L			T T					
Mar. the IDC dataset the sales with the second control of the CC and the CC a	use U									
	May tl		n above? See instru	ictions				- [] Y	es 「	No

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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization Reason for Public Charity/Status (All organizations must complete this part.) (see instructions) Part I 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). 2 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 5 section 170(b)(1)(A)(iv). (Complete Part II) 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 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.) R An organization that normally receives: (1) more than 33\% % 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 33% % 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 **d** Type III-Other 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 П organization, check this box . . . 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? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of (II) EIN support organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions)) Yes Nο Yes No Yes

Total

	Support Schedule for Org (Complete only if you ched					and 170(b)(1)(A)(vi)
	tion A. Public Support	,				r	
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.")	24,455	59.951	107.296	232.122	110,988	534,812
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	24.455	59,951	107.296	232.122	110,988	534.812
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)					* * * * *	211.838
6	Public support. Subtract line 5 from line 4.	** ** 0 3 4 *	· · •	, - %		3 · · · · · · · · · · · · · · · · · · ·	322.954
	tion B. Total Support	•	•				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	24.455	59.951	107.296	232,122	110,988	534.812
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				10.964	3.614	14.578
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)						<u> </u>
11	Total support. Add lines 7 through 10 .	※ 学ま型がい	1.535	<u> </u>	* * *	<u> </u>	349 390
12	Gross receipts from related activities, etc.	•	•			12 54	9.390
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>		n, or fifth tax y		n 501(c)(3)
	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	33%% support test – 2008. If the organ and stop here. The organization qualifies	s as a publicly s	supported orga	nization			▶ □
b	331/3 % support test—2007. If the organization qua						_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "rorganization meets the "facts-and-circumstances test—2007 private foundation. If the organization did	facts-and-circum ances" test The	nstances" test, o organization qui	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization .	IV how the

Schedule A (Form 990 or 990-EZ) 2008

Par	Support Schedule for Orga (Complete only if you checke	nizations De	scribed in S	ection 509(a)(2)		
Sect	tion A. Public Support	ed the box of	Tille 9 OFFA	art 1.)			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	, can (or need), can beginning in,	(=) = 0.0	(,	.,,			
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						
_	The value of convers or facilities		\ \				
5	The value of services or facilities furnished by a governmental unit to the		/				
	organization without charge	ļ					
6	Total. Add lines 1-5						
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 1% of	/				<u> </u>	
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	/					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		400000	. / ****	77.27		,
	line 6)			- (""			<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(a) 2004	(0) 2003	(6) 2000	(u) 2007	(e) 2008 _	(i) Total
9	Amounts from line 6	\					
IVa	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		<u> </u>				
С	Add lines 10a and 10b						
11	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		X				
	loss from the sale of capital assets			N			
	(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	the organization here	on's first, seco	nd, third fourt	h, or fifth tax y	ear as a secti	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su					,	
15	Public support percentage for 2008 (lii				70 · · ·	15	<u>%</u>
16	Public support percentage from 2007				·/· · ·	16	<u>%_</u>
Sec	tion D. Computation of Investme			<u>.</u>		T .= 1	0/
17	Investment income percentage for 200				olumn (f)	17	<u>%</u> %
18	Investment income percentage from 2				\ and line 45 !=		
19a	33% % support tests – 2008. If the org	janization did f nox and stop b	iot check the b ere. The organ	oux on line 14, i lization qualifie	and line 15 iS i s as a publicly	supported org	70, and line anization ▶ □
b	33% % support tests – 2007. If the organ						
Ü	line 18 is not more than 331/3 %, check th	is box and stop	here. The orga	anızatıon qualıfı	es as a publicly	supported org	anization 🕨 📙
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 (F	(Form 990 or 990-EZ) 2008	Page 4
Part IV		II, line 10; ructions)
		•
,		