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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

tame	e of t	he organization							Employe	r identificat	ion number
End	lang	ered Langua	ge Fund						06	1	459207
Pa	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ons must	comple	ete this	part.) Se	e instruc	tions.
The 1 2 3		rganization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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)									
4		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									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		1									
7											
8 9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
10 11											
е		a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other 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 supporganization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 							III supporting				
(i) A person who directly or indirectly controls, either alone or together with persons described in and (iii) below, the governing body of the supported organization?								bed in (ii)	Yes No		
h		(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? Provide the following information about the supported organization(s).									11g(u)
	Nam	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nzation in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
				, , ,	Yes	No	Yes	No	Yes	No	
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							h				
											·
Tot	al										

Par	t II Support Schedule for Org					and 170(b)(1	i)(A)(vi)	
	(Complete only if you check	ced the box	on line 5, 7, 6	or 8 of Part I.	<u>) </u>			
	tion A. Public Support		#1.0000	() 2007	(4) 0000	4-1-0000	(6 Total	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 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 through 3							
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4							
	tion B. Total Support		 					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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					ļ . , <u></u>		
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for		on's first, seco	nd, third, fourth	h, or fifth tax y	/ear as a secti	on 501(c)(3)	
_	organization, check this box and stop he					<u> </u>		
	ction C. Computation of Public Su						%	
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))							
15	Public support percentage from 2008 Schedule A, Part II, line 14							
16a	33%% support test—2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2009. 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—200 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circui	mstances" test,	check this box	and stop here	Explain in Par	t IV how the	

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

res	(Complete only if you checke		line 9 of Par	t I.)	_ /			
Sect	ion A. Public Support							
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10351	73141	175772	107996	128884	496144	
2	any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	o	0	0	0	0	
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	0	0	0	0	0	
6	Total. Add lines 1 through 5	10351	73141	175772	107996	128884	496144	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	o	o	0	
c	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6.)						496144	
	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	10351	73141	175772	107996	128884	496144	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	929	888	554	2371	
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	0	0	929	888	554	2371	
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,	10351	73141	176701	108884	129438	498515	
14	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							
Sec	ction C. Computation of Public Su					,		
15 16	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)							
Sec	ction D. Computation of Investment Income Percentage							
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 0.48 %							
18								
19a	33½ % support tests – 2009. 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	and of the state o							
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	tructions 🕨 🗌	