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

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 $500,000 and total assets less than $1,250,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INTERNATIONAL LANGUAGE TESTING ASSOC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
3416 PRIMM LANE

City or town, state or country, and ZIP + 4
BIRMINGHAM AL 35216

D Employer identification number
20-5558337

E Telephone number
(205) 823-6106

F Group Exemption Number ►

• ***Section 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 ☐ Accrual
Other (specify) ►

I **Website:** ► www.iltaonline.com

J Tax-exempt status (check only one) — ☒ 501(c) (9) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► $ 64,624.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	11,140.
	4	Investment income		4	160.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ► ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1)	6a	52,677.	
	b	Less direct expenses other than fundraising expenses	6b	38,406.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	14,271.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► ROYALTY REVENUE)		8	647.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . ►		9	26,218.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt		10	11,300.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	12,000.
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,000.
	16	Other expenses (describe ► See Other Expenses Statement)		16	4,614.
	17	**Total expenses.** Add lines 10 through 16 . . . ►		17	29,914.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,696.
	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)		19	66,081.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . ►		21	62,385.

RECEIVED
SEP 07 2010
096 IRS-OSC
OGDEN, UT

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	66,081.	22	62,385.
23	Land and buildings	0.	23	0.
24	Other assets (describe ►)	0.	24	0.
25	**Total assets**	66,081.	25	62,385.
26	**Total liabilities** (describe ►)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	66,081.	27	62,385.

SCANNED SEP 29 2010

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

TEEA0812 01/30/10

24

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? IMPROVE LANGUAGE TESTING THROUGHOUT THE WORLD

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	STIMULATION OF PROFESSIONAL GROWTH VIA WORKSHOPS AND INCREASE PUBLIC UNDERSTANDING AND SUPPORT OF LANGUAGE TESTING (Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐	28a	25,300.
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	25,300.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JAMES PURPURA 180 BABRINI BLVD NEW YORK NY 10033	PAST PRES 10.00	0.	0.	0.
CAROLYN TURNER 3700 MC TAVISH ST MONTREAL, CA	PRES 20.00	0.	0.	0.
JOHN READ 49 PEARY RD AUCKLAND, NZ	VP 10.00	0.	0.	0.
SARA WEIGLE PO BOX 4099 ATLANTA GA 30302	TREASURER 20.00	0.	0.	0.
XI XIAOMING 35 FEATHERBED CT LAWRENCEVILLE NJ 08648	SECRETARY 5.00	0.	0.	0.
BARBARA DOBSON 500 E. WASHINGTON ST ANN ARBOR MI 48104	MEMBER 5.00	0.	0.	0.
YONG-WON LEE 599 GWANAK SEOUL, KS	MEMBER 5.00	0.	0.	0.
LIA PIAKANS N274 LINQUIST IOWA CITY IA 52242	MEMBER 5.00	0.	0.	0.
NATHAN CARR 7269 MAGNOLIA PL FONTANA CA 92336	MEMBER 5.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

			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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
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 ► _____, section 4912 ► _____; section 4955 ► _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► _____			

42a The organization's books are in care of ► PRIME MANAGEMENT SERVICES Telephone no. ► (205) 823-6106

Located at ► 3416 PRIME LANE BIRMINGHAM AL ZIP + 4 ► 35216

			Yes	No
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: ► _____	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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: ► _____	42c		X

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

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who 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	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 . ►

51 Complete this table for the organization's 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
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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 of officer — Date: 9/1/10

► SARA CUSHING WEIGLE, TREASURER, ILTA
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date 8.20.10	Check if self-employed ► ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	Joseph J. Serpico, CPA 1619 S. Kaspar Ave. Arlington Heights IL 60005	EIN ►	P0015498
		Phone no ►	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► ☒ Yes ☐ No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► **Attach to Form990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

INTERNATIONAL LANGUAGE TESTING ASSOC

Employer identification number

20-5558337

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CONFERENCE (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	52,677.			52,677.
	2 Less: Charitable contributions	0.			0.
	3 Gross income (line 1 minus line 2)	52,677.			52,677.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	12,580.			12,580.
	7 Food and beverages	21,116.			21,116.
	8 Entertainment				
	9 Other direct expenses	4,710.			4,710.
	10 Direct expense summary Add lines 4- through 9 in column (d)				38,406.
	11 Net income summary. Combine lines 3, column (d) and line 10				14,271.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

			YES	NO
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If 'No,' explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If 'Yes,' explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name: ► PRIME MANAGEMENT SERVICES				
Address: ► 3416 PRIMM LANE BIRMINGHAM, AL 35216				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a			X
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____.				
c If 'Yes,' enter name and address of the third party:				
Name: ►				
Address: ►				
16 Gaming manager information				
Name: ►				
Gaming manager compensation ► $_____				
Description of services provided: ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $				

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
BANK/CREDIT CARD FEES	2,352.
TELEPHONE	114.
WEB HOSTING/MAINTENANCE	955.
OFFICE SUPPLIES	1,193.
Total	4,614.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment . . . . . LADO AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [ ] Person [X] JIYOON LEE 2003 CHESTNUT ST PHILADELPHIA PA 19103	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . 04/06/09

Book Value	How Book Value Determined
0.	N/A
FMV	How FMV Determined
0.	N/A

Purpose of Payment . . . . BEST PAPER PUBL- WRITTEN PAPER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [ ] Person [X] MARILYN ABBOTT 15630-80 AVENUE EDMONTON CAN	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . . . 04/08/09

Book Value	How Book Value Determined
0.	N/A
FMV	How FMV Determined
0.	N/A

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment . . . **BEST PAPER PUB - WRITTEN PAPER**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . [ ] Person . [X] STERLING PLATA 1501 DLSU MANILA PHIL	NONE	3,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property **CASH AWARD**
Date of Gift **05/31/09**

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment **BEST PAPER PUB - WRITTEN AWARD**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [X] Person . [ ] AMERIOCAN UNIVERSITY CAIRO PO BOX 7 CAIRO EGYP 0000	NONE	3,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property **CASH AWARD**
Date of Gift . . **05/31/09**

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment . **BEST PAPER PUB- WRITTEN AWARD**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . [ ] Person [X] TIM McNAMARA UNIVERSITY OF MELBOURNE VICTORIA AUST	NONE	150.

If property other than cash was given, the following additional information needs to be provided:
Description of Property **CASH AWARD**
Date of Gift . **08/11/09**

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment .. BEST PAPER PUB - WRITTEN AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . . [ ] Person [X] CARSTEN ROEVER UNIVERSITY OF MELBOURNE VICTORIA AUST	NONE	150.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . . . 08/11/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment .... STUDENT TRAVEL AWARD RELATED TO DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [ ] Person [X] JIYOON LEE 2003 CHESTNUT ST PHIADELPHIA PA 19103	NONE	750.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . . . 04/06/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment .. . STUDENT TRAVEL AWARD DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . [ ] Person [X] ANJA ROEMHILD 1400 R STREET LINCOLN NE 68588	NONE	750.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift 07/07/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment . . . . . STUDENT TRAVEL TO DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [ ] Person [X] HONGWEN CAI HONG KON POLYTECH UNIV KOWLOON CHIN	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . 05/08/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment . . . . . STUDENT TRAVEL TO DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . . . . . [ ] Person . . . . . [X] YAO HILL 1550 WILDER AVE. HONOLULU HI 96822	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . 05/08/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment . STUDENT TRAVEL TO DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [ ] Person [X] YI CHING PAN 38 CHUNG HSIAO ST WAN TAN HSIANG TAIW	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift 05/08/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment .... STUDENT TRAVEL TO DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . . . [ ] Person [X] JIE ZHANG GUANGDONG UNIVERSITY CHIN	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift . . . 05/08/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A

Purpose of Payment . ... . STUDENT TRAVEL TO DOCTORAL DEGREE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business [ ] Person . [X] TALIA ISSACS 4870 COTE-DES-NEIGES MONTREAL CAN	NONE	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property CASH AWARD
Date of Gift 05/08/09

Book Value	How Book Value Determined
0.	N/A
FMV	**How FMV Determined**
0.	N/A