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## CISP6XN3GZ

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.

OMB No. 1545-0047

Open to Public Inspection

		of the Treasury	<b>▶</b> At	tach to Form 990 or Fo	orm 990-E	Z. ▶ See	separate	instructio	ns.		Inspectio	
Name of the organization AWCA F-American University Central Asia terres 0: 8850113												
Par	rt I	<del></del>	<u> </u>					ete this	part.) Se	e instruc	ctions.	
	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>											
	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
f 9		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box										
		(i) A person and (iii) b	n who directly or below, the gover	r indirectly controls, ening body of the supp	ported or			th persor	s descri	bed in (ii)	11g(i) 11g(ii)	No
				erson described in (i) a of a person described		ii) above	?				11g(iii)	
_ <u>h</u>		Provide the	following inform	ation about the support	orted org	anization	(s).		<del></del>	lo the	A40 A	
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) listed in your		(v) Did you notify the organization in col. (i) of your support?		(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amou suppo:	
					Yes	. No	Yes	No	Yes	No		<del></del>
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Tot	al				]	]	}	]		· _		

Par	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  (Complete only if you checked the box on line 5, 7, or 8 of Part I.)							
200	tion A. Public Support	Ked the box	<u>011 iiiie 5, 7, (</u>	DI O OI FAIL I.		_		
	lendar year (or fiscal year beginning in)	(-) 2005	(h) 2000	(*) 0007	(d) 2000	(0) 0000	/O Total	
Ua	remar year (or itscal 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.")	NK	NH	4770	3025	7640	15,435	
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						15-112-	
4	Total. Add lines 1 through 3						<del>12, 135</del>	
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)			<u></u>				
6_	Public support. Subtract line 5 from line 4.						16,455	
	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4						15.435	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						100	
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.)						10-11-75°	
1	Total support. Add lines 7 through 10 .				<u></u>		15,423	
2	Gross receipts from related activities, etc.					12		
3	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							
						144		
14	Public support percentage for 2009 (line		•	, column (I))		15	<u>%</u>	
5	Public support percentage from 2008 Schedule A, Part II, line 14						- 31	
6a	* ·				iine 14 is 33% Y	% or more, cne	CK this dox < ₹ ₽.	
_	and stop here. The organization qualifies		· -			001/0/		
Þ	331/3 % support test - 2008. If the organization quality and stop here. The organization quality and stop here.					33/3 70 Or More,		
	•	-		•				
7a	a 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 ▶ □							
р 18								

	dute A (Form 990 or 990-EZ) 2009			-A' - 500/	1/01		Page 3
Pai	t III Support Schedule for Organ (Complete only if you checke				)(2)		
Sec	tion A. Public Support						
Cé	elendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	<del></del>					
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						- i
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	/-\ 000E	(L) 0000	(-) 0007	(-1) 0000	(-) 0000	(0 T-1-1
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 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						
C 11	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for toganization, check this box and stop I	he organization	on's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) □

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15		%
Se	ction D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).		17	%
18			%
•••	mireduling in the processing a manufactor deviced to the control of the control o	$\overline{}$	

19a 33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🚨

33%% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 33%%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Fo	orm 990 or 990-EZ) 2009	Page 4	
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.	_
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## **DECLARATION**

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or truste

8/31/2010

Signature of officer or trustee

Executive Director,

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