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Form **990**

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)

OMB No. 1545-0047

		or the Treasur enue Service	<u>′ </u>	The organization	may have to use a	copy of this retu	ım to satısfy si	tate rep	orting req	uirer	nents.	Inspection
A	For t	he 2009 ca	alendar	year, or tax yea	r beginning		, 2009, and e	ending				, 20
В	Check if	applicable:	Please	C Name of organi	zation MANA	SQUAN	PUBLIC	ZZ	BRARY]¤	Employ	er identification number
	Addres	s change	use IRS label or	Doing Business						0	<u> </u>	068811
	Name o	change	print or type.	Number and stree	t (or PO box if mail is n		ddress) Roo	om/suite				one number
	nitial re	eturn	See	35 B	RUMO STK	<i>2667</i>				(2	<u>732,</u>	2231503
	lemina	ated	Specific Instruc-		ate or country, and Z		-02/			ŀ		
	Amendo	ed return	tions.		SOUAN		-136			G	Gross re	celpts \$
	\pplicati	ion pending			principal officer: Re				H(a) Isthi	ls a gro	up return	for affiliates? Yes
			22	BRUADS	T. IYANA	SQUANN	70873	6		-		ncluded? Tes No.
1	Tax-ex	cempt status	: D	501(c)) ⊲ (inse	rt no.) 🔲 4947(a)(1) or 🔲 527			1			list. (see Instructions)
J	Webs	ite: ►				- 1			H(c) Group	exem	ption nur	mber ▶
K	Form of	f organization	Corp	toration 🗌 Trust 🔲	Association Other	▶ <i>(1)</i>	L Year of fo	ormation:		М :	State of	legal domicile:
Pa	ırt I	Summ	ary									
	1	Briefly de	escribe	the organization	n's mission or n	nost significant	activities:					
		P	ROV	205 6	Z ORAK	ey 50	RUZC	کی	70	71	10	PUOUL
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Governance	2	Check this	hov >	if the organizat	ion discontinued its	nerations or disno	sed of more than	25% of	ite net acc	eate		
	ı				the governing be			1 20 /0 01	110 1101 400	- ω.	3	10
Activities &	ı			-	members of the	• .	•		• • •	•	4	10
흫				f employees (Pa		-	- •	•	• • •	•	5	7
₹					art v, line za). timate if necessa					•	6	8
•					revenue from Pa		· · · · ·	• •		•	7a	<u> </u>
					income from Fo					•	7b	
-	_	TTO CUITO	atou b	domicoo taxabic	THOOMS HOM TO	711 330-1, line		<u> </u>	Prior Y	ear	''	Current Year
		O		- d (D4	\ (1) \ (1) \ (1) \ (2) \ (3) \ (4)				514		7	/////
3				nd grants (Part	•			· 			-+	76858
Revenue				revenue (Part				·	550		, 	1167
æ	10	Investme	nt inco	me (Part VIII, c	olumn (A), lines	3.4 and 7d).	• • • •	·	200	<u> </u>		6675
	11	Other rev	renue (l	Partivill, column	OF INCEDED	, 8c, 9c, 10c, a	nd 11e) .	⋰├⋺	10-	3 4 1		11.02
					gh 11 (must equa	101) /	637	// 2	r	160926
	13	Grants ar	nd simi	lar angounts pa	id (Bart IX) colur	nn‱, lines 1∹	3)	·				
60					S (Part IX, Colum				060			C/07/
Expenses		5 Salaries, other compensation, employee benefits (Parcix, column (A), lines 5-10)					A), lines 5-10))	88373			86731
8	16a	Professio	nal fun	draising fees (P	BITO IC COlumn (TA)	, line 11e)		<u> </u>				
a	b	Total fund	Iraising	exp enses (Part	IX, column (D), lir	re 25) ▶						
					ın (A), lines 11a-			.	834	110	$2 \downarrow$	58929
	18	Total exp	enses.	Add lines 13-	7 (must equal P	art IX, column	(A), line 25).		7/	<u> 28</u>	3	145175
- 0	19	Revenue	ess ex	penses. Subtrac	t line 18 from line	12	 		80	26S	\mathcal{C}	15741
2 o 2	l							Beg	inning of C	штеп	t Year	End of Year
Assets Belan	20	Total ass	ets (Pa	rt X, line 16) .					<u>8 920</u>	<u>ک0</u>	2	917515
Ž.			•	Part X, line 26)					0			
ž2					ubtract line 21 fo	rom line 20	<u> </u>	<u> </u>	592	<u>as</u>	ک	915515
Pa	rt II		ature		·	·						
		Under per	naities of	perjury, I declare the	nat I have examined the	his return, including	accompanying s	chedules	and state	ments	, and to	the best of my knowledge parer has any knowledge.
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		Preparer's	3				Date	Check	if			lentifying number
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use	Only	If self-emp		+ 4					Phone n)
May	the				preparer shown	above? (see ii	nstructions)		1			Yes No

21-0688779
Checklist of Required Schedules

	Ondokino. O. Hodanea Concadica		Yes	No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	```	- 110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	1	
	complete Schedule A	2		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_		
3	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	3		1/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>~</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>~</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		<u>~</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	~	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI.		-	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	,	, }	-
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			•
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		,	, }
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			-
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	· -	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	,		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>~</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	1 -
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
20	If "Yes," complete Schedule G, Part III	19 20		4
				<u>`</u> _

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to Individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<u></u>
24a	Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	_
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u></u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u></u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		سا
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		سرا
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		ن
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		
			990	(2009)

Form 990 (2009) #21-0688779

Par	Statements Regarding Other IRS Filings and Tax Compliance		1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u>~</u>	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u></u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1/
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>~</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	., ~	-	,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		v
9	Sponsoring organizations maintaining donor advised funds.	`	-	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter:	1	ł	-
	Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990. Part VIII, line 12 for public use of club facilities.	` .	l	
	the public des of class tacking the public des of class tackings			
1 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)	120		
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			87
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		سند
6	Does the organization have members or stockholders?	6_		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u></u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		
b		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u></u>
	tion B. Policies (This Section B requests information about policies not required by the Inte	emal		
Rev	enue Code.)			
			Yes	No_
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			_
	form?	11	,	· 1/
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			 ,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>~</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	-
а	The organization's CEO, Executive Director, or top management official	15a		<u></u>
þ	Other officers or key employees of the organization	15b		
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	, 1	.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	١ ســـ ١		<u>'</u>
	with a taxable entity during the year?	16a		_1/_
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	- 1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	466		
Sec	tion C. Disclosure	16b		<u>-</u>
		77		
17 18	List the states with which a copy of this Form 990 is required to be filed NEW TERMS Section 5104 requires an approximation to the state of the s			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (onty)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: RENES CAUCUST 732 223 1507 55 1881000 CEREST 140 NASCULATION REPORTS			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any o	cum	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)		(C)					(D)	(É)	(F)
Name and Title	Average		lon (d		_	that ap		Reportable	Reportable	Estimated
·	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ANNEAPEULZ PRESZOENT	3	,						0	0	0
PRESZOENT RENEE CALVULTI THE A SUPER ONUN BURKE	_3							0	0	0
SECLETANT	ſ							0	0	0
NANOY CORCGENN	/							0	0	0
CURZSTUPHER RZCC-	/							0	0	0
EZVEEN MCCASE	1							0	0	0
SUSAN CACUDER	/							0	0	0
TRUSTEG DULUTHY GERLACH TRUSTEG	/							O	O	0
GEURGE MOLALUCIZI	/							0	0	0
TRUSTEG JUHN DRISCUL TLUSTEG	1							0	0	0
CARUL MEGAZE	30							22857		

Pa	Section A. Officers, Directors, 11t.		/ Emp	loy			a mig	nes							
	(A)	(B)	Door.	/-	-	C)		-6.3	(D) Reportable	(E) Reportable	(F) Estimated	,			
	Name and title , .	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation	f on on d			
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	Total			•				▶_	6000	-c					
2	Total number of individuals (including but reportable compensation from the organization)	not limited : ation ▶	to the	ose	liste	ed a	bove) wh	no received mo	ore than \$100,0	000 in				
	<u></u>		-		•						Yes	No			
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	r, director	or tru	ıste	e, k	ey vidi	emplo	oyee	e, or highest c	ompensated	3				
4	For any individual listed on line 1a, is the s							ano	d other compe	nsation from	1 1.				
	the organization and related organizations undividual.	greater tha	ın \$15	0,0	007	If "	Yes,"	cor	mplete Schedu	le J for such	4	<u></u>			
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete S	ens Sch	satio edu	on f ile J	rom :	any uch	unrelated org	anization for	5	Ù			
Sec	ction B. Independent Contractors														
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt c	ontra	ctor	rs that received	d more than \$1	100,000 of				
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation				
	N	11													
2	Total number of independent contractors (in	ncluding bu	ut not	limi	ited	to t	hose	liste	ed above) who	received					
	more than \$100,000 in compensation from	the organ	izatio	n ►		_									

#210688779

Par	t VII	Statement of Revenue					
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	3421 17417				
Program Service Revenue	2a b c d	~ ~ - -	usiness Code 2028 2581 230	146838		-	
Progra	f g	All other program service revenue	•	7469	1		
	3 4 5	Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond pro Royalties	► oceeds ►	6615			
	6a b c						
	ь	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(iı) Other				
Revenue	d	Gain or (loss)	▶				
Other Reve	b	of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising event	s >				
	b	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities	▶				
:	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory .	▶		And the state of t	Francisco	
	11a b		siness Code				
	е	All other revenue		160 421		-	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are n	ot required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				3
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	80067.	80067	/	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6684	6689	/	
11	Fees for services (non-employees):				
а	Management				
ь					
	Accounting	1490	1490		
	1 11 1	7/1			
	Professional fundraising services. See Part IV, line 17		23.4.1		
				· · · · · · · · · · · · · · · · · · ·	
f	g				
	Other				
12	Advertising and promotion		(A) #T #2 40	···	
13	Office expenses	1581	183		
14	Information technology				
15	Royalties	L	0.0		
16	Occupancy	29522	29522	./	
17	Travel				
18					
10	Payments of travel or entertainment expenses		}		
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	·····	<u> </u>		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance	9190	9190		
24	Other expenses. Itemize expenses not	· 第二条图法 第		1 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	covered above. (Expenses grouped together	The state of the s			· · · · · · · · · · · · · · · · · · ·
	and labeled miscellaneous may not exceed				* *
	5% of total expenses shown on line 25 below.)		(基层)		, ,
а	LIBRARY MATERZALS	12900	12900	~	
b	SPECIAL EVENTS	2247	2247		
c	FUND RAZSZNOEVALASE	1494	1464		
d	THE PERSON OF THE PROPERTY OF THE PERSON OF	1 1	177/		
ū					
9	All -41				
) Ť	All other expenses	1110 =	7770		
20	Total functional expenses. Add lines 1 through 24f	145125	145175		
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
_	fundraising solicitation		i l	1	

. Earn 990 (2009) #21-0688779

1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 15 Investments—program-related. See Part IV, line 11	B) of year 756
2 Savings and temporary cash investments	77
2 Savings and temporary cash investments	0058
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 15 Investments—program-related. See Part IV, line 11 16 Investments—program-related.	
4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 15 Investments—program-related. See Part IV, line 11 16 Investments—program-related. See Part IV, line 11 17 Investments—program-related. See Part IV, line 11	
Frequency of the section of the sect	
employees, and highest compensated employees. Complete Part II of Schedule L	
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	ø
8 Inventories for sale or use	
8 Inventories for sale or use	···
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	
11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13	
11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13	701
12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11	
13 Investments—program-related. See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11	
15 Other assets. See Part IV, line 11	33/3
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Payables to current and former officers, directors, trustees, key	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities. Complete Part X of Schedule D	
26 Total liabilities. Add lines 17 through 25	,
Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	,
27 Unrestricted net assets	
28 Temporarily restricted net assets	
Permanently restricted net assets	
28 Temporarily restricted net assets	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	701
32 Retained earnings, endowment, accumulated income, or other funds 23/10/ 32 220	 ,
2 33 Total net assets or fund balances	814
34 Total liabilities and net assets/fund balances 892055 34 90	15/5

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗍 Cash 🗆 Accrual 🗆 Other			_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		1
þ	Were the organization's financial statements audited by an independent accountant?	2b	L	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	l		~
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		-	
	issued on a consolidated basis, separate basis, or both:	'		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	l		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

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.

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of t	he organization	GUAN	PUDLE	. L.	2.0R/9	rey		Employ 2/	er identifica	tion number よフフラ	
Pa	rt I	Reason	for Public Cl	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) S	ee instru	ctions.	
1		A church, co	onvention of chu	ndation because it is: irches, or association	of churc	hes desc	ribed in					•
2	Ц			on 170(b)(1)(A)(ii). (At		•						-
3	닏			hospital service organ								
4		hospital's na	ame, city, and st								•	
5	_	section 170	(b)(1)(A)(Iv). (Co		- 6						ıl unit describ	ed in
6				remment or governme				-		-		
7	W.	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.)										
8				d in section 170(b)(1)								
9	An organization that normally receives: (1) more than 33½ % 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 33½ % 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 11	 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ 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. 											
			_								_	
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).											
f		If the organ	ization received	a written determinati	ion from	the IRS	that it is	a Type !	. Type I	L or Type	III supportin	a
g		organization	, check this box at 17, 2006, has								· · · · · ·	" 🗆
		• •			-1		AL	.L		L	Yes	No
				r indirectly controls, en ning body of the supp				tn persor	is descri	bea in (ii)	11g(i)	-110
			-	rson described in (i) a		yanızanı					11g(ii)	
				of a person described		(ii) above					11g(iii)	
h				ation about the suppo							[
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the S.?	(vii) Amount support	of
					Yes	No	Yes	No	Yes	No		
		•		-						· · ·	·	
				· · · · · · · · · · · · · · · · · · ·					<u> </u>			
			-	,							 	
				· · · · · · · · · · · · · · · · · · ·								
											_	
Tota	I		,	,		-			-			

Schedule A (Form 990 or 990-EZ) 2009 #2+0688779

Par	Support Schedule for Org					and 170(b)(1)(A)(vi)	
(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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total								
Va	iondar year (or necar year beginning in)	(a) 2005	(6) 2000	(0) 2001	(4) 2000	(6) 2000	(1) 1010	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	128495	131%0	137769	135642	137417	671283	
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	+3 CV6 4	121611	12.00	()	17-746	-/2/2 62	
4	Total. Add lines 1 through 3	128495	131960	137769	135892	137417	671283	
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				, _			
6	shown on line 11, column (f)	128495	131960	137769	139642	137417	671283	
Sec	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	128495	131960	137769	135642	132411	671285	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3132	2526	10975	50.500	6615	28748	
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.)	2523		6879	6721	7469	34827	
11	Total support. Add lines 7 through 10 .	134150	140721	155623	147863	151501	734858	
12	Gross receipts from related activities, etc					12	0	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth			n 501(c)(3)	
	tion C. Computation of Public Su						63.	
14	Public support percentage for 2009 (line			I, column (f))		14	9/ %	
15	Public support percentage from 2008 Sci	-	•			15	92 %	
l6a		zation did not d	check the box of	on line 13, and	line 14 is 33% 9	6 or more, che		
	and stop here. The organization qualifies as a publicly supported organization							
D	33% % support test—2008. If the organic							
	box and stop here. The organization qua							
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							
ь 18	10%-facts-and-circumstances test—2008. 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 ▶ ☐							

21-0688779

	Support Schedule for Orgai (Complete only if you checke	d the box o	escribed in S n line 9 of Pa	ection 509(a rt I.)	ı)(2) 	×/11	2
	tion A. Public Support slendar 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	(a) 2003	(b) 2006	(C) 2007	(u) 2008	(e) 2003	(i) Total
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						gr)
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		3				
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total. Add lines 1 through 5		ļ			 	
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					ļ. <u></u> .	
8	Public support (Subtract line 7c from line 6.)	· · -					
	tion B. Total Support			r—		·	
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						
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 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 the organization, check this box and stop to	nere				ear as a section	
Sec	tion C. Computation of Public Sup						
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	art III, line 15	e 13, column ((f)	15	%
Sec	tion D. Computation of Investmen	t Income Po	ercentage				
17	Investment income percentage for 2009	(line 10c, col	lumn (f) divided	by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17					18	%
19a	33% % support tests - 2009. If the orga 17 is not more than 33% %, check this bo	nization did n	ot check the be	ox on line 14, a	ınd line 15 is r	nore than 33% supported orga	%, and line
þ	33% % support tests - 2008. If the organi line 18 is not more than 33% %, check this	zation did not	check a box on	line 14 or line	19a. and line 1	6 is more than	33/s %. and
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b	. check this b	ox and see inst	ructions ▶ □

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

n answered "Yes," to Form 990, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer Identification number UBLEL 1TANAS OUAN ユヘレスベン Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2a Total acreage restricted by conservation easements . 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . .

Par	t III	Organizations Maintaini	ng Collections	of Art, H	istorio	cal Treasure	s, or O	ther Similar	Assets (continued)
3	Using t	he organization's acquisition, on items (check all that apply		other reco	ords, cl	heck any of th	ne follov	ving that are a	significant use of its
а		ublic exhibition		d		Loan or exch	hange p	rograms	
b	☐ s	cholarly research		е		Other			
С	$\overline{}$	reservation for future generati	ions						
4		a description of the organization		s and exp	olain ho	ow they furthe	er the or	ganization's e	exempt purpose in
5	During assets	the year, did the organization s to be sold to raise funds rather	olicit or receive do	onations o ained as p	of art, h part of t	nistorical treasi the organizatio	ures, or one	other similar	. Yes No
Par	t IV	Escrow and Custodial A IV, line 9, or reported an a					answer	red "Yes" to I	Form 990, Part
	include	organization an agent, trustee d on Form 990, Part X?					tions or	other assets	not . Yes No
b	If "Yes	" explain the arrangement in	Part XIV and con	nplete the	follov	ving table:			
								ļ	Amount
C	Beginn	ing balance	/	· A ·			. <u>1c</u>	<u> </u>	
d	Additio	ns during the year	A./././	T			. <u>1d</u>		
е	Distribu	itions during the year \dots	/. / . /				, <u>1e</u>	ļ	·
f	Ending	balance					. <u>1f</u>	<u> </u>	
b	If "Yes	e organization include an amo " explain the arrangement in	Part XIV.						. LYes LNo
Par	t V	Endowment Funds. Cor	mplete if the org	ganizatio	n ans	wered "Yes"	" to Fo	m 990, Part	IV, line 10.
		1	(a) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Four years back
1a	Beginn	ing of year balance							
b	Contrib	utions							
С	Net in	vestment eamings, gains,	11/1	7					
d	Grants	or scholarships		Í					
е		expenditures for facilities ograms							
f 9		strative expenses year balance					,		
2 a		the estimated percentage of designated or quasi-endowm			d as:				
b		nent endowment >		/0					
c		ndowment ▶%							
3a		re endowment funds not in the		a organiz	ation t	hat are held a	nd adm	inictored for th	10
		ation by:	possession or th	ic organiz	allon	nat are neta a	uia aaiii	instered for th	Yes No
		elated organizations			_		_		3a(i)
		ted organizations							3a(ii)
b	If "Yes'	' to 3a(ii), are the related orga	inizations listed a	s require	d on S	chedule R?			. 3b
4_		e in Part XIV the intended us						<u> </u>	
Par	t VI	Investments—Land, Bu	ildings, and Eq	uipment	t. See	Form 990, F	Part X, I	ine 10.	
		Déscription of investment	(a) Cost or ot (investm			Cost or other asis (other)		ccumulated preciation	(d) Book value
1a	Land .								
b	Building	ıs							1386701
C		old improvements							
d		ent							
е	Other .	_ <u> </u>							
Tota	. Add lin	es 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X,	colum	nn (B), line 10(c	;).)	▶	686701

#	21-	0/	SF	2	つ	9	
•	<i>a</i> c <i>i</i>		Λ			-	

Part VII Investments—Other Securities	s. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial derivatives			
Closely-held equity interests			
Other			
1 / 1			
1//4			
/ /			
	ļ		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part X	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
			
/ ₁			
10 / 13		<u> </u>	
		· 	
			
	· · · · · · · · · · · · · · · · · · ·		·····
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt V line 15	<u> </u>	
Guidi Addets: CCC 1 Offin 550; 1 a	(a) Description		(b) Book value
	(4)	· · · · · · · · · · · · · · · · · · ·	(b) Dook value
1/1/			
10/11			
			
			······
		* * * * * * * * * * * * * * * * * * * *	.
			······································
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		,
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	Jule D (Form 990) 2009 # 21-0688779		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	AA
5	Donated services and use of facilities	5	114
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
b	Other (Describe in Part XIV.)	_ _	
_C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	······································
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		<u> </u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	- }	
C	Other losses		
ď	Other (Describe in Part XIV.)	- •	
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	⊢ !	
þ	Other (Describe in Part XIV.)	\dashv \blacksquare	
С 5	Add lines 4a and 4b	4c 5	
_	t XIV Supplemental Information] 3]	-
		1.4.5 . 1.1.1	
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.	nd 4; Part IV, line and 4b. Also com	es 1b plete
	,		
	N/H		
	,		

Schedule D (For	Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
T Contract	Copposition and the continuous	
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

20**09**

Name of the organization Employer identification MANASQUANT PROFESSZENAL FEES INSURANCE OFFICE EXPENSE FUND RAISZNG EXPENSE