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## **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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning									, 20		
В	Check if	applicable	Please	C Name of organization		D Emp	ioyer i	denti	tication number		
Address change			use IRS label or	Haiti Solidarity Network of the North East Inc.	22-3443228						
닏	Name cl	•	print or	Number and street (or P O box, If mail is not delivered to street address) Ro	oom/suite	m/suite E Telephone number			ier		
片	Initial ref		type See	P.O. Box 202		201-784-0008			84-0008		
H			Specific	City or town, state or country, and ZIP + 4	<del></del>	F Group Exemption					
H	Amende Applicat	on pending	Instruc- tions.	Northvale, NJ 07647-0202			Number ►				
=				ations and 4947(a)(1) nonexempt charitable trusts must attach	G Assou				Cash Accrual		
	■ 280	suon 30 i (c)(3)	(specify		. L	I Cash 🗀 Accruai					
_		<del>-</del>	· · · · · ·	<u> </u>		<del> </del>					
					T .			-	nization is not		
	Websi -			dule B (Form 990,							
	Tax-exempt status (check only one) —										
	Check		•	zation is not a section 509(a)(3) supporting organization and its gross re	•	•			· · ·		
				urn is not required, but if the organization chooses to file a return, be					·		
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of				<u>,                                     </u>			
L	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances	(See the	ınstru	ction	s to	r Part I.)		
	1		_	s, grants, and similar amounts received			1	Щ	10168.00		
	2	Program se	ervice r	evenue including government fees and contracts			2	<b>↓</b> _			
	3	Membersh	ip dues	and assessments			3	$oxed{oxed}$			
	4	Investment	incom	e			4	<u> </u>			
	5a	Gross amo	unt fro	m sale of assets other than inventory 5a				1			
	b	Less: cost	or othe	r basis and sales expenses				1			
	C	Gain or (los	ss) from	sale of assets other than inventory (Subtract line 5b from line	5a)	<del>.</del> .	5c	1			
Revenue	6			vities (complete applicable parts of Schedule G). If any amount is from gaming,							
ē	a			t including \$ of contributions				1			
ě	-			6a	12	795.56		1			
ш	Ь										
	1	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						1	7786.46		
	7a	16	1 / 4 / 1 / 1		. oa,		6c	<del>                                     </del>			
	b										
	1						70	İ			
	C	11	. , , , .	ssifron sales of inventory (Subtract line 7b from line 7a)			7c	$\vdash$			
	8	Other rever	•			— <u>'</u>	8	$\vdash$	17954.46		
	9	A		dd lines.1, 2, 3, 4, 5c, 6c, 7c, and 8		. –	9	├─	17954.40		
	10	1		amounts paid (attach schedule)			10	├	<del></del>		
	11	-		for members			11	├			
ses	12			npensation, and employee benefits			12	$\vdash$			
ë	13			and other payments to independent contractors			13	—			
Expenses	14	Occupancy	, rent,	utilities, and maintenance			14	├—			
Ш	15	_	Printing, publications, postage, and shipping				15		1463.83		
	16	6 Other expenses (describe ►)				>	16		22162.56		
	17			Add lines 10 through 16			17		23626.39		
S	18			for the year (Subtract line 17 from line 9)			18		(-5671.93)		
Se	19			d balances at beginning of year (from line 27, column (A)) (m				l			
As		-	•	reported on prior year's return)			19		23245.12		
Net Assets	20	Other chan	ges in	net assets or fund balances (attach explanation)			20	<u> </u>			
Z	21	Net assets	or fund	balances at end of year. Combine lines 18 through 20		. ▶	21	L_	17573.19		
Р	art II	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more	re, file Forr	n 990	instea	<u>ad o</u>	f Form 990-EZ.		
				(See the instructions for Part II.)	(A) Begi	nning of	year		(B) End of year		
22	2 C	ash, savings.	and in	vestments		232	45.12	22	17573.19		
23		and and build						23			
24								24			
25		•				232	45.12	25	17573.19		
26		otal liabilities						26			
27				alances (line 27 of column (B) must agree with line 21)		232	45.12		17573.19		
				Reduction Act Notice, see the separate instructions.	Cat. No 106			_	rm 990-EZ (2009)		

FOITH	990-62 (2009)					Page ∠		
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses		
Wha		uired for section						
	cribe what was achieved in carrying out the org	anization's exempt purpo	ses. In a clear ai	nd concise		c)(3) and 501(c)(4) nizations and section		
manner, describe the conjugat provided, the number of persons benefited, and other relevant information for								
each	program title.	•				'(a)(1) trusts; optional thers)		
28	Travel to Haiti to work on programs to promote econ	nomic improvement in rural a	reas in Haiti such a	98	1			
20	micro-credit, training, formation of cooperative grou				}			
	inicio-creati, training, formation or cooperative grou	p3			ļ			
	(Croate C	includes feroire grants ob			000	7200.00		
-		includes foreign grants, ch		<b></b>	28a	7300.00		
29	Support of educational programs in rural areas such materials; promotion of "sister relationship" with Se				1			
	Ì	1						
		J						
		includes foreign grants, ch		. ▶ ⊔	29a	7300.00		
30	Facilitation of medical missions to rural areas, supp	rams	ì	İ				
	***************************************		***************************************			ł		
	***************************************			····				
	(Grants \$ f this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	7300.00		
31	Other program services (attach schedule)					ĺ		
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □	31a	_		
32	Total program service expenses (add lines 28a t				32	21900.00		
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ted. (See the	instruc	ctions for Part IV.)		
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deterred comper		account and other allowances		
Geo	rgette Delinois		- ''' ·					
	Glenwood Avenue, Teaneck, New Jersey	President, 30 hours	-0-		-0-	-0-		
	vice St. Hilaire		<u>.</u>	·		<u>-</u>		
	orth Clinton Street, East Orange, New Jersey	Vice Pres., 15 hours	-0-		-0-	-0-		
	th Reilly	<del>                                     </del>				ļ		
	······································	Treasurer, 50 hours	-0-		-0-	-0-		
	Scharer Avenue, Northvale, New Jersey	+		<del> </del>		<del>-</del>		
	donne Bazile	Secretary, 15 hours						
	Lexington Avenue, Jersey City, New Jersey		-0-		-0-	-0-		
	ay Coll	Board Member, 15 hours	_					
	leeker Street, Newark, New Jersey	•	-0-		-0-	-0-		
	ugene Squeo	Board Member, 40 hours						
492	Bramhall Avenue, Jersey City, New Jersey	,	•		<u>-0-</u>	-0-		
Fr. J	ohn Martin	Board Member, 10 hours						
155 <b>\</b>	Washington Avenue, Elizabeth, New Jersey	Board Monibor, 10 Hours	-0-		-0-	-0-		
Pierr	e Moreau	Board Member, 20 hours	9					
705 I	Harrison Avenue, Linden, New Jersey	Board Member, 20 flodis	÷		-0-	-0-		
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			- <u></u>					

Description of each activity  Were any changes made to the organizing or governing documents? If "Yes," attach a detailed description of each activity  Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  If the organization hand income from business activities, such as those reported on lene 2, 6s, and 7s (among others), but not reported on From 990-T, attach a statement explaining why the organization of norm 990-T, and the organization have urrelated business gross income of \$1,000 or more or was it subject to section 6033(in potionic, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Did the organization of the properties of Schedule N  The Ender amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	Part	V Other Information (Note the statement requirements in the instructions for Part V.)			<u>-5-</u> -
33				Yes	No
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	33		33		
the organization had income from business activities, such as those reported on leves 2, 6a, and 7a (among others), but net reported on Form 990-T, attach a statement explaining with the organization did not report the income on Form 990-T and 033(e) notice, reporting, and proxy tax requirements?  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 603(e) notice, reporting, and proxy tax requirements?  b If "Yes," has if filed a tax return on Form 990-T for this year?  b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sophicable parts of Schedule N.  536	34				1
but the organization have unrelated business gross income of \$1,000 or more or was it subject to section 80336 notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  5 Dot the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  5 Did the organization the Form 1120-PDL for this year?  5 Did the organization the Form 1120-PDL for this year?  5 Did the organization beform 1120-PDL for this year?  5 Did the organization beform 1120-PDL for this year?  5 Did the organization borrow from, or make any loans to, any officer, director, fustee, 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?  5 Did the organization borrow from, or make any loans to, any officer, director, fustee, 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?  5 Did the organization borrow from, or make any loans to, any officer, director, fustee, 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?  5 Did the organizations. Enter:  6 Did the organization borrow form organizations. Enter amount of tax imposed on the organization with a disqualified person during the year under section 4915 excess benefit transaction with a disqualified person during the year under sections 4912, 4955, and 4956  6 Did the organization or disqualified persons during the year under sections 4912, 4955, and 4956  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization amagers or disqualified persons during the year under sections 4912, 4955, and 4956  6 Section 501(c)(3) and 501(c)(4) organizations benefit reasonation with a disqualified persons during the year under sections 4912  7 Did the organization or the foreign	35				
b If "Yes," has it filed a tax return on Form 990-T for this year?  10 the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  17 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶   37a   0-1	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	35a		1
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  37a	b		$\overline{}$		1
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustes, 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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b   39s   3s   3		Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
ablid 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?  b	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b   f "Yes," complete Schedule L, Part II and enter the total amount involved	b		37b		1
b If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and captal contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	38a		ļ		
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 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 ▶			38a		<b>√</b>
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 to roublic use of club facilities 39b    Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0- ; section 4912 ▶ 0- ; section 4955 ▶ 0-    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-E27 if "Yes," complete Schedule L, Part I.  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 4956.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T.  The organization's books are in care of ▶ Judith Reilly  Located at ▶ 302 Scharer Avenue, Northvale, New Jersey  ZIP + 4 ▶ 07647  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; less the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c  ✓  If "Yes," enter the name of the foreign country: less the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c  ✓  If "Yes," enter the name of the foreign country: less than the properties of			ļ		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			ľ		
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Section 4911 ▶			ł		
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.  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.  41 List the states with which a copy of this return is filed. ►  The organization's books are in care of ► Judith Reilly  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  Located at ► 302 Scharer Avenue, Northvale, New Jersey  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial account;  "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.  42b ✓  42c ✓  42c ✓  44c ✓  45 In any related organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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 99	404	· · · · · · · · · · · · · · · · · · ·	l		
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.  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   41 List the states with which a copy of this return is filed. ►  42a The organization's books are in care of ► Judith Reilly  Located at ► 302 Scharer Avenue, Northvale, New Jersey  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: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c   42c   42c   42c   42c   44b   42c   44c   44c   44c   44b   44b   44c   44c   44c   44c   44d					
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	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	40b		1
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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: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ▶  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 ▶ □  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		Located at ► 302 Scharer Avenue, Northvale, New Jersey ZIP + 4 ►	076	47	
account)?  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.  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: ▶  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 ▶ ↓  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		$\cdot$	42b		_
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
If "Yes," enter the name of the foreign country: ►  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 ►  Yes No  144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	_		420		
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	C				
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Yes No  144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			. 1	▶ □
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	.,				
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				V	<b>NI</b> -
Form 990-EZ		District and the second section of the section of the second section of the section of the second section of the section of th		Yes	ИО
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	44				
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			<b>V</b>
		"Yes," Form 990 must be completed instead of Form 990-EZ			<u> </u>

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) n 17(a)(1) nonexempt o id 51.	onexempt cl	haritab sts mus	le trusts only. At answer question	II sec ons 46	tion 3–49t	<b>5</b>
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete \$					46		1
	Did the organization engage in lobbying activities	•				47		<b>√</b>
	Is the organization a school as described in section		•			48		<u> </u>
	Did the organization make any transfers to an ex	•	_			49a		✓_
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated er	nployees (othe	er than o	fficers, directors,			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp		(d) Contributions to employee benefit plans & deferred compensation	(e)	Expensount a allowa	se Ind
NONE		GOVOLOG TO POSITION				- Otrici	unoma	11000
					<u> </u>			
	Complete this table for the organization's five h \$100,000 of compensation from the organization			contracto	ors who each rece	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000		<b>(b)</b> Typ	e of service	(c) Cor	npensa	ition
NONE								
								<u> </u>
					<del></del>			
d -	Total number of other independent contractors e	ach receiving over \$10	Þ	<u> </u>				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	d this return, including according preparer (other than office	npanying scheduler) is based on all in	es and stat	tements, and to the best of which preparer has a	t of my any kno	knowle wledge	edge
Sign Here								
	Signature of officer Date  Judith Reilly, Treasurer  Type or print name and title							
Paid	Preparer's signature	Date	Check self- employ		Preparer's identifying num	ber (See	 instruct	ions)
Prepare Use Onl	y yours if self-employed),			EIN				
May the	address, and ZIP + 4 Per IRS discuss this return with the preparer shown	ahove? See instruction	ins.	Pho	one no.	Yes		
ividy tile	The discuss this retain with the preparer shown	apovo: Gge mandone	<u></u>	<del>· · · ·</del>		m <b>99</b> 0		

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization Employer Identification number Haiti Solidarity Network of the North East Inc. 3443228 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives. (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. c ☐ Type III-Functionally integrated d Type III-Other a Type I **b** ☐ Type II e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . . [11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization in col organization (described on lines 1-9) in col (i) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes No Yes

Total

	(Complete only if you check					and 170(b)(	1)(A)(VI) 
	tion A. Public Support		T				·
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<del></del>	<b>!</b>			<u> </u>	
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)	i					
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-,			
11	Total support. Add lines 7 through 10 . L					ļ <del></del>	l
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for to organization, check this box and stop he	<u>re</u>	<u> </u>	id, third, fourth			on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Sup	port Perce	ntage				
14	Public support percentage for 2009 (line 6	3, column (f) dı	vided by line 1	i, column (f))		14	%
15	Public support percentage from 2008 Sch	•	•			15	<u>%</u>
16a	33%% support test-2009. If the organizand stop here. The organization qualifies	as a publicly s	supported organ	nization			▶ [
b	box and stop here. The organization qual	lifies as a publi	cly supported	organization .			▶ 🗉
17a	10%-facts-and-circumstances test – 200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	cts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the _
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizat	cts-and-circum nces" test. The	stances" test, o organization qua	heck this box a difies as a public	and <b>stop here.</b> By supported or	Explain in Part ganization	IV how the ▶ □

Sche	dule A (Form 990 or 990-EZ) 2009						Page \$
	rt III Support Schedule for Orga	nizations De	escribed in S	ection 509(a	)(2)	· · · · · · · · · · · · · · · · · · ·	raye
50/	(Complete only if you checke ction A. Public Support	ed the box of	n line 9 of Pa	п і.)	<del></del>		
_	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(2) 2000	(f) Total
•	alendar year (or inscar year beginning in)	(a) 2003	(b) 2000	(0) 2007	(u) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18657.89	13431.14	39256.00	26918.84	17954.46	116218.33
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	18657.89	13431.14	39256.00	26918.84	17954.46	116218.33
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			6000.00			6000.00
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						
С	Add lines 7a and 7b			6000.00			6000.00
8	Public support (Subtract line 7c from line 6.)						110218.33
	tion B. Total Support		<del></del>	· · · · · · · · · · · · · · · · · · ·			
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	18657.89	13431.14	39256.00	26918.84	17954.46	116218.33
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
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.)	18657.89	13431.14	39256.00	26918.84	17954.46	116218.33
14	First five years. If the Form 990 is for toganization, check this box and stop it is a constant of Public Section 1.	nere	<u> </u>	d, third, fourth,	_		1 501(c)(3) ▶ □
	tion C. Computation of Public Sup			40	<del></del> -	45	040
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	rt III, line 15			15 16	94.8 <u>%</u> 91.5 <u>%</u>
sec	tion D. Computation of Investmen	t income Pe	rcentage			<del> </del>	

Schedule A (Fe	orm 990 or 990-EZ) 2	009				Page 4
Part IV	Supplementa	Information.	Complete this Part III, line 12	part to provide Provide any oth	the explanations require her additional information	ed by Part II, line 10;
not applic	able					
			·			
	·					
					*	