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Form **990-EZ** 

Department of the Treasury

## 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 \$50,000 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

Inter	nal Rev	venue Service	l	▶ The organization may have to use a copy of this return to satisfy state reporting re	equirements.				
A	For t	he 2009 calend	ar year,	or tax year beginning , 2009, and end	ding			, 20	
В	Check	if applicable	f applicable Prease C Name of organization D Em						
	Addres	ss change	3	6 286	55973				
=		change	surte E Telej	chone n	umber	,			
_	Initial ( Termir		type. See	1 Briar Rd.		84	7-724	4-4600	
=		ded return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Gro	up Exe	motic	on .	
=		ation pending	tions.	Golf, IL 60029		nber I	•		
=			omani	ations and 4947(a)(1) nonexempt charitable trusts must attach G	Accounting M	ethod:	П	Cash Accrual	
	<b>-</b> 30	scaon 30 (c)(3)			Casi Li Mosida				
			Other (specify Check ▶ 🗹						
		-14					_		
		<u> </u>		cholarsfoundation.com	•		cneal	ule B (Form 990,	
<u>J</u>	Гах-е			nly one) — ✓ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 99	<u>.</u>			
	Chec		_	zation is not a section 509(a)(3) supporting organization and its gross receipt				an \$25,000. A	
				urn is not required, but if the organization chooses to file a return, be sure		lete re	turn.		
		nes 5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of For	rm 990-EZ	<u> </u>		5-41	
Р	art	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (Se	e the instru	ction	s tor	Part I.)	
	1	Contribution	ons, gift	s, grants, and similar amounts received		1			
	2	Program s	ervice r	evenue including government fees and contracts		2			
	3	Membersh	ip dues	and assessments		3		89658	
	4	Investment	t incom	e		4		1841	
	5	a Gross amo	ount fro	m sale of assets other than inventory 5a					
Θ				r basis and sales expenses	-	]			
	l.			sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
				vities (complete applicable parts of Schedule G). If any amount is from gaming, chec					
en	"			t including \$ of contributions	_				
Revenue		reported of							
Œ	1	•		ises other than fundraising expenses 6b		1			
	1			Control and the control of the contr	······································	6c			
				s) from special events and activities (Subtract line 6b from line 6a)	,	00		<del></del>	
				entory, less returns and allowances					
		<b>b</b> Less: cost	_		<del> </del>	<u> </u>			
	1 _	-	-	ss) from sales of inventory (Subtract line 7b from line 7a)		7c 8		<del></del>	
	8	8 Other revenue (describe ►)							
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	·\ · · •	9		91499	
	10			ramounts paid (attach schedule)	ω\· · ·	10			
	11		/ਲ/ · ·	11		44186			
98	12	Salaries, o	1.01	12					
S	13	Profession		13					
Expenses	. 14	Salaries, o Profession Occupance	۰ ۱۰ سی	14		44715			
ш	15	Printing, p	15						
	16	Other expenses (describe							
	17	Total expe	enses.	Add lines 10 through 16	▶	17		88901	
	18			for the year (Subtract line 17 from line 9)		18		2598	
9	19			d balances at beginning of year (from line 27, column (A)) (must				· · · · · · · · · · · · · · · · · · ·	
SS				reported on prior year's return)		19		116582	
Net Assets	20	-	_	net assets or fund balances (attach explanation)		20			
ž	21		_	I balances at end of year. Combine lines 18 through 20	_	21		119180	
	art	Balance	e Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more, f			ad of		
	an t	Dalailo		(See the instructions for Part II.)	(A) Beginning o		<u> </u>	(B) End of year	
_	_	O		· · · · · · · · · · · · · · · · · · ·	<u>.:</u>	16582	20	119180	
							23	119100	
	23 Land and buildings							<del></del>	
2	-	Other assets (describe ▶)							
2								119180	
2	-	Total liabilitie	•				26		
2	7	Net assets or	fund t	alances (line 27 of column (B) must agree with line 21)	1	16582	<u> </u>	119180	
Fo	r Pri\	acy Act and Pa	perwor	k Reduction Act Notice, see the separate instructions. Cat	t. No. 10642I		For	m <b>990-EZ</b> (2009)	

Form 990-EZ (2009)						Page 2
Part III Statement of Program Service Acco	mplishments (See the instr	uctions for Part I	ll.)			Expenses
What is the organization's primary exempt purpose?	Provide College Scholarshi	ps				ired for section
Describe what was achieved in carrying out the o	rganization's exempt purpo	ses. In a clear a	nd con	cise		)(3) and 501(c)(4)
manner, describe the services provided, the number	of persons benefited, and	other relevant info	rmation	1 for		zations and section a)(1) trusts; optiona
each program title.	·				for ot	
28 Support for Evans Scholars Students						
(Grants \$ ) If this amou	nt includes foreign grants, ch	eck here	. >		28a	88901
(Grants \$ ) If this amoun	nt includes foreign grants, ch	eck here	. ▶		29a	
30						
(Grants \$ ) If this amou	nt includes foreign grants, ch	eck here	. ▶		30a	
31 Other program services (attach schedule)			<del>-</del>			
· - · · · · · · · · · · · · · · · · · ·	nt includes foreign grants, ch	eck here	. ▶		31a	
32 Total program service expenses (add lines 28				<b></b>	32	
Part IV List of Officers, Directors, Trustees, and K				e the	instruc	tions for Part IV.
	(b) Title and average	(c) Compensation	(d) Cor	ntributio	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee			account and other allowances
Don Johnson						
1 Briar Rd. Golf, IL 60029	President & CEO	0	ĺ		0	O
James Moore						
1 Briar Rd. Golf, IL 60029	Sr. VP Foundation Advanc	0	1		0	O
Jeffrey Harrison			<u> </u>			
1 Briar Rd. Golf, IL 60029	VP Education	0	ļ		0	ď
John Fix			1			
1 Briar Rd. Golf, IL 60029	Chairman	0			0	d
Wayne Janik			T			
1 Briar Rd. Golf, IL 60029	CFO	0			0	· ·
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		1	1		l	

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		,	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			4
а	Initiation fees and capital contributions included on line 9			}
b	Gross receipts, included on line 9, for public use of club facilities			- }
40a	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			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	•		
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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			, ,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			. ' ]
е	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		<b>✓</b> !
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of P Telephone not P	347-72	4-460	0
	Located at ▶ 1 Briar Road Golf,IL ZIP + 4 ▶	600	)29	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			,
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	L	✓,
	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.?	42c	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			-
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			<u> </u>
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		<u></u> _	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>√</b>
	For	QQ	)_F7	(2009)

Here  Signature of officer  Wayne Janik Chief Financial Officer  Type or print name and title  Preparer's signature Preparer's usentifying number (See instructions)  Signature Preparer's identifying number (See instructions)  EIN ▶  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed ▶ □  EIN ▶  Phone no. ▶  Yes □ No	L CIT	501(c)(3) organizations and section 49 and complete the tables for lines 50 a	147(a)(1) nonexempt chaind 51.	ritable trusts mus	st answer questio	ons 46–49	b 
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   47   47   48   58   49   59   59   59   59   59   59   59	46	Did the organization engage in direct or indirect	t political campaign activit	ties on behalf of o	r in opposition to	Yes	No
Sign Here  18 Is the organization a school as described in section 1700(N/N)? If "Yes," complete Schedule E 48						<del></del>	1
Did the organization make any transfers to an exempt non-charitable related organization?   48a	47	Did the organization engage in lobbying activitie	es? If "Yes," complete Sch	edule C, Part II .			1
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [8] Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  [9] Complete this table for the organization and the store of the employees paid over \$100,000 of compensation from the organization. If there is none, enter "None."  [9] Total number of other employees paid over \$100,000 .    [9] Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [9] Name and address of each independent contractor paid more than \$100,000    [9] Type of service   [9] Compensation   [9] Compensation						<del></del>	1
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and kee employees) who each received more than \$100,000 of compensation from the organization. If the solution from the organization of the solution from the organization of the solution from the organization. If the solution from the organization of the solution from the organization of the solution from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000 .   2 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  2 On Name and address of each independent contractor paid more than \$100,000 employee the solution of the so							1
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [4] Name and address of each employee paid more than \$100,000   60   15th and wave states and statements and statements, and to the best of my inowiedge.  [5] Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  [6] Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  [6] Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  [6] Name and address of each independent contractor paid more than \$100,000 of compensation from the organization and the organization of organization of the organization	_ b	If "Yes," was the related organization a section:	527 organization?	over other than			<u> </u>
(a) Name and address of each employee paid more than \$100,000   (b) Title and average   (c) Compensation   (d) Contributions to end other allowances   (e) Expense of devoted to position   (e) Compensation   (e) Compensat	30	employees) who each received more than \$100	ngnest compensated emplo 000 of compensation from	oyees (other than to the organization.	If there is none, en	ter "None.'	na key "
None    Total number of other employees paid over \$100,000 . ▶			(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	nse
f Total number of other employees paid over \$100,000					employee benefit plans & deferred compensation		
f Total number of other employees paid over \$100,000	None						
f Total number of other employees paid over \$100,000				<del></del>	ļ		
Sign Here  Preparer's Use Only  Preparer's Use Only  Preparer's Use Only  Signature Or officer  Preparer's Signature  Preparer's Sig			_		İ		
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d Total number of other independent contractors each receiving over \$100,000 . ▶ None  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Wayne Janik Chief Financial Officer  Type or print name and title  Preparer's  Wayne Janik Chief Financial Officer  Type or print name and title  Preparer's signature  Firm's name (or yours if self-employed) address, and ZiP + 4  May the IRS discuss this return with the preparer shown above? See instructions ▶ □ Yes □ No	None		<u></u>		pe of service	(c) Compens	ation
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    To Z Z - I D							
and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  7 - 7 2 7 - 10  Signature of officer  Wayne Janik Chief Financial Officer  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  **Type Only**  Date  Check if self-employed ▶ □  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions ▶ □ Yes □ No	d	Total number of other independent contractors	each receiving over \$100,0	000 ►	None		
Here  Signature of officer  Wayne Janik Chief Financial Officer  Type or print name and title  Preparer's signature Preparer's usentifying number (See instructions)  Signature Preparer's identifying number (See instructions)  EIN ▶  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed ▶ □  EIN ▶  Phone no. ▶  Yes □ No		Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accompa n of preparer (other than officer) is	nying schedules and sta based on all information	atements, and to the bes	st of my know any knowledg	ledge je.
Paid Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  Date Check if self-employed ▶ □  Preparer's identifying number (See instructions)  EIN ▶  Phone no. ▶  Yes □ No	Sign Here	Wayne Janik Chief Financial Officer				-1 <del>0</del>	
Use Only   Control of the control o	Paid	Preparer's signature	Date	self	Preparer's identifying nur	riber (See instru	ictions)
address, and ZIP + 4   V   Phone no. ►  May the IRS discuss this return with the preparer shown above? See instructions				E	N <b>&gt;</b>		
		address, and ZIP + 4		PI	none no. ▶		
Form <b>990-EZ</b> (2009	May the	e IRS discuss this return with the preparer show	m above? See instructions	<u> </u>	▶ [		

## 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.

Department of the Treasury Internal Revenue Service

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

ons.

2009
Open to Public Inspection
Employer identification number

OMB No. 1545-0047

Nam	e of t	he organization	1						Employe	r identifica	tion number	
			undation -Wisco						36 2865973			
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
The 1 2 3 4		,										
·	_		ame, city, and st	-							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		-	_	ernment or governme								
7	Ш	-	-	/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governm	ental uni	t or from	the general public	
8				in <b>section 170(b)(1)</b>		omplete	Part II.)					
9	Z	An organizat receipts from support from	cion that normally n activities relate n gross investm	receives: (1) more the ed to its exempt function ent income and unre after June 30, 1975.	an 33⅓ % tions—sui lated bus	of its sup bject to d siness tax	pport froi certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 33% % of its	
10 11		An organization	tion organized a one or more pul	nd operated exclusive and operated exclusive blicly supported organ at describes the type	ely for th	ne benefi described	t of, to p d in secti	oerform ti on 509(a)	he functi (1) or sec	ons of, o ction 509(	a)(2). See section	
	_	a 🗌 Type				e III–Fund					Type III-Other	
е		persons other		ify that the organizat in managers and othe								
f g		organization	, check this box st 17, 2006, has	a written determinati							III supporting	
		(i) A persor	who directly or	r indirectly controls, enting body of the sup		_		h person	s descrit	oed in (ii)	11g(i)	
h		(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described ation about the suppo	tın (i) or	(ii) above					11g(ii) 11g(iii)	
(i) Name of su organizati		e of supported	(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)	rou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S ?	(vii) Amount of support	
					Yes	No	Yes	No	Yes	No		
Tota	ıl											
	••		L	L	المستحدية		<u></u>		<del> </del>	<u> </u>		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)							
	tion A. Public Support	(-) 2005	<b>6-</b> ) 2006	(c) 2007	(4) 2000	(-) 2000	(f) Total
Ga	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(6) 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	<u> </u>	N. 30 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- No. 10 No. 17.2		্রতার সামার বিজ্ঞান বিভিন্ন	
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)						
6	Public support. Subtract line 5 from line 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at the said of Mark	16.1 . 20. 12. 12. 12.	江門清後鐵	<b>建筑设置</b>	-
	tion B. Total Support	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>-,, -,,</u>	
	lendar 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.)			Y		o were e e.	
11	Total support. Add lines 7 through 10 .	r Tiles - Tiles aller Tiles of Tiles - James States - Land Tiles	2 mm - 1 - 1 - 1 - 1 - 1	東西町で			
12	Gross receipts from related activities, etc	•	•			12	<del></del>
13	First five years. If the Form 990 is for				-		n 501(c)(3)
<u> </u>	organization, check this box and stop he			· · · · · ·	· · · · ·	• • • • •	
	tion C. Computation of Public Su			4 1 (6)			
14	Public support percentage for 2009 (line		-	i, column (f))		15	<u>%</u>
15	Public support percentage from 2008 Sc						
16a	33\% \% support test—2009. If the organiand stop here. The organization qualifies	s as a publicly s	supported organ	nization , ,			▶ 🗀
b	331/3 % support test - 2008. If the organi						
	box and stop here. The organization qua			_			
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the _
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	facts-and-circum	stances" test, o	check this box a	and stop here.	Explain in Part	IV how the _
18	Private foundation. If the organization did			•		_	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support			,	·		
C	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60870	107884	108394	107792	89658	474598
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		407004		407700	00050	47.4500
6	Total. Add lines 1 through 5	60870	107884	108394	107792	89658	474598
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		:				
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6.)			,			474598
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	60870	107884	108394	107792	89658	474598
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1025	2231	2231	2150	1841	9478
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1025	2231	2231	2150	1841	9478
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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.)	61895	110115	110625	109942	91499	484076
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u>.</u>		<del>-</del>		```
	tion C. Computation of Public Su	<del></del>	<del> •</del>				
15	Public support percentage for 2009 (lin			e 13, column (	(f))	15	98.0 %
16	Public support percentage from 2008 Section D. Computation of Investmen			<u> </u>	<del>· · · · · · · · · · · · · · · · · · · </del>	16	98.4 %
	· · · · · · · · · · · · · · · · · · ·			1.1	.1 (6)	47	2.0 %
17	Investment income percentage for 200	-		-		17 18	2.0 <u>%</u> .6 %
18	Investment income percentage from 20 33% % support tests – 2009. If the organization						
19a	17 is not more than 331/3 %, check this b	ox and <b>stop he</b>	re. The organiz	zation qualifies	as a publicly	supported orga	nization 🕨 🗹
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	s box and <b>stop</b> l	<b>here.</b> The orgar	rization qualifie	s as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	tructions 🕨 🗌

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Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See	Part II, line 10; instructions.
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