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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

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Secretary Demolycer Manufactor organization Demolycer Demoly		ΑI	For th	e 2009 cal	lendar year, or tax year beginning and endin	g				
Section 50 (to C) Ad 3.86 Country makes Expenses Country makes Country makes Expenses Country makes Country			Check if applicabl	e Please	C Name of organization	D	Employe	identification number		
ANALYMON IMPACT LOVE, INC. Teams National and street (pr. 1) box, frain is not debreved to street address) Roomsude E feliphone number	•		Addres	s use IRS		Į.				
Temporal Section 501(A) or parallations and steed (or F.O. box, if mail is not delivered to street address) Room/suits Freightone number A0.4 - 391 - 0.252	(Name print		MAXIMUM IMPACT LOVE, INC.		36-4685861			
Section 501(c(3) organizations and 4947(a)(1) nonexemplic artists trusts must attach a completed Control According to the special process of the special pro	<u>5</u>	X	Initial	type		om/suite E	Telephon	e number		
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Part	۲-		Amen	ded tions	City or town, state or country, and ZIP + 4	F	Group Ex	emption		
**Section 50 (c)(3) organizations and 4947(x)(1) nonexempl charitable trusts must attach a completed Schedule A (Form 980 or 99.0 EZ). Website: ► N/A					ATLANTA, GA 30336		•	•		
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16 Other expenses (describe ► SEE STATEMENT 1) 16 6,371. 17 Total expenses. Add lines 10 through 16 ► 17 6,371. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,739. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0. 20 Other changes in net assets or fund balances (attach explanation) 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 23 Cother assets (describe ►) 24 25 Total assets 26 Total liabilities (describe ►) 0.25 2,739. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0.27 2,739.	ij	ũ	1			 				
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Cath and buildings 24 Other assets (describe) 25 Total assets 70 25 2,739. 26 Total liabilities (describe) 70 0 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 70 0 27 2,739.	••		1			ENT 1		6,371.		
18			1				· / 			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe 30 · 22			+			<u>`</u>				
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year		ets		•	·			 		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year		1SS	í		• • • • • • • • • • • • • • • • • • • •		19	0.		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year		et/						 		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► Total assets Total liabilities (describe ► Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year (B) End of year 22 2, 739. 23 24 24 0ther assets (describe ► 0 25 2, 739. 0 26 0.		z	l		· · · · · · · · · · · · · · · · · · ·	b		2,739,		
(See the instructions for Part II.) 22 Cash, savings, and investments 0 · 22		Pa				tead of Form				
22 Cash, savings, and investments 0 ⋅ 22 2 ⋅ 739 ⋅ 23 Land and buildings 23 24 Other assets (describe)) 24 25 Total assets 0 ⋅ 25 2 ⋅ 739 ⋅ 26 Total liabilities (describe)) 0 ⋅ 26 0 ⋅ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 ⋅ 27 2 ⋅ 739 ⋅				L	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			(B) End of year		
23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Land and buildings 29		22	Cash	, savings, a	——————————————————————————————————————					
24 Other assets (describe ►) 24 25 Total assets 0 ⋅ 25 2 ⋅ 739 ⋅ 26 Total liabilities (describe ►) 0 ⋅ 26 0 ⋅ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 ⋅ 27 2 ⋅ 739 ⋅		23			<u> </u>					
25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe ► 29 O · 26 O · 27 O								+		
26 Total liabilities (describe ►) 0 · 26 0 · 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 · 27 2 , 739 ·		25			· · · · · · · · · · · · · · · · · · ·			1		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0.27 2,739.					(describe ▶					
					·					
	,		171 18-10				 _	Form 990-EZ (2009)		

Form 990-EZ (2009) MAXIMUM IMPACT LOVE, INC			36-	46858	61 Page 2
Part III Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)		E>	penses
What is the organization's primary exempt purpose? SEE STATEMEN	T 4				r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt p	urposes. In a clear and cond	ise manner, descr	ıbe	1) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relev				for others)	rax i, irasis, optionar
28 SEE STATEMENT 3					
				} }	
				1 1	
(Grants \$) If this amount includes foreign	n grants, check here	. >		28a	6,371.
29				TT	
				} }	
				1 1	
(Grants \$) If this amount includes foreign	n grants, check here .	>		29a	
30					
(Grants \$) If this amount includes foreign	n grants, check here	>		30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	n grants, check here	>		31a	
32 Total program service expenses (add lines 28a through 31a)			>	32	6,371.
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensated	(See the	instructions f	or Part IV)
				ontributions	
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation		employee	(e) Expense account and
(a) name and address	per week devoted to	(If not paid, enter -0)		efit plans & eferred	other allowances
) position	}	1	pensation	
WILLIAM ANDREW SEWELL, 8666 CANAL	CEO				
DRIVE, JONESBORO , GA 30236	1.00	0.	ļ	0.	0.
MALCOLM MCCARN, 445 GREAT SOUTHWEST	CFO				
PKWY, ATLANTA, GA 30336	1.00	0.	{	0.	0.
IRIS LLOYD, 705 STELLA'S POINTE,	SECRETARY				
MCDONOUGH, GA 30253	1.00	0.	1	0.	0.
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932172 02-08-10		 		Form (990-EZ (2009)
				, 01111	(5003)

. . .

P	ITT V Otner Information (Note the statement requirements in the instructions for Part V)										
			Yes	+							
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X							
34	, 0										
35	-, -, -, -, -, -, -, -, -, -, -, -, -, -										
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	1	1	İ							
` a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	}	}	Ì							
	and proxy tax requirements?	35a 35b	N/	X							
	b If "Yes," has it filed a tax return on Form 990-T for this year?										
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	{	{								
	complete applicable parts of Sch. N	36	ļ	X							
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	٦ !	{								
	Did the organization file Form 1120-POL for this year?	37b		X							
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made										
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X							
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1 1									
39	Section 501(c)(7) organizations. Enter:			l							
	Initiation fees and capital contributions included on line 9 39a N/A]									
	Gross receipts, included on line 9, for public use of club facilities [39b] N/A]		}							
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	}									
•	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .	}									
p	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the										
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction										
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>X</u>							
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	1 1									
	or disqualified persons during the year under sections 4912, 4955, and 4958	}									
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1									
	organization O.	1 1									
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	لـــــا	X							
41	List the states with which a copy of this return is filed. GA										
42 a	The organization's books are in care of ► WILLIAM ANDREW SEWELL Telephone no. ► 404-39										
	Located at ► 8666 CANAL DR, JONESBORO, GA ZIP+4 ► 3	023	<u>6-4</u>	<u>076</u>							
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ī									
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes								
	account)?	42b		X							
	If "Yes," enter the name of the foreign country:	} }		i I							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			i							
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X							
	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		>								
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A									
		,	Yes	No							
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Į	ı							
	Form 990-EZ	44		X							
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		1	ı							
	completed instead of Form 990-EZ	45		<u>X</u> _							
		Form 90	20-57	onnai							

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		Z (2009)	MAX	IMUM	IMP	ACT	LOV	Æ,	INC	•						36	-46	<u>858</u>	61_	Page 4
Pai	t VI											nonexen answer que								
47 `48 49a b 50	office? Did the Is the Did the If "Yes Compl	e organization If "Yes," co e organization organization e organization ," was the rela ete this table 100,000 of co	omplete n engage a school a n make an ated organ for the on	Schedu In lobbyi Is descri In transfe In tra	ile C, Par ng activitie bed in sec ers to an e a section 5 on's five hi	t I es? If "" tion 17 xempt i 527 org	Yes," c 0(b)(1)(non-cha anization	comple (A)(II)? aritable n? sated e	ete Sche If "Yes related e	edule s," con organiz es (oth	C, Par nplete : zation? er than	t II Schedule E	Ξ		·		rees) wl		46 47 48 49a 49b	X X X X
		(a) Namo		than \$10	each emplo 00,000 NONE	oyee pa	ud more	;			per wee	nd average ho ek devoted to position		(c) Com	pensation	to ben	Contribu employ efit plai deferre npensa	yee ns & d	(e) Ex	pense nt and owances
										-										
51	Compl	number of oth ete this table zation. If ther	for the or e is none,	ganızatıc enter "N	on's five hi lone." NONE	ghest c							гесег				of comp			
		(a) Nami	e and add	ress of e	each indep	endent	contrac	ctor pai	ia more	inan \$	100,000	}		(b))	ype of se	ervice		(c)	Compens	sation
d Sign Here	Total n	Under pending correct, indicates Signature						·	·		ying schi	edules and statich preparer ha	tements any	ts, and to the	ne best of n	ny know Date	ledge of	d belie	i, it is true,	
Paid Prepa Use O	rer's nly	Type or property of the proper	gnature agnature Cal	SCO ARR, 360 FLAN	RIGO CHAMI TA, O	AF GS 8 BLEF GA 3	BRAM E DU B034	IGRA NWC 1	M,L)		08,	/07/16 STE 42	emp	ck if self- loyed	EIN Pho	► ne ►		-45	7 – 6 6	
May th	ne IRS	discuss this	return wit	h the pre	parer sho	wn abo	ve? See	e instru	ictions										Yes 1	<u>No</u> Z (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

20047 20047

Open to Public Inspection

Name of the organization

Employer identification number

			I IMPACT LOVE						36	<u>6-4685861 </u>	
Part I	Reason	for Public Char	ity Status (All organia	zations mu	ıst comple	te this par	t) See ins	tructions			
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1 🗔	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).			
2 🗀	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E))						
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).				
4 🗔	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter t	he hospital's name,	
	city, and sta	te:									
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or of	perated by	a govern	mental un	ıt describe	ed in	_
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗔	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general p	oublic described in	
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)								
8 🗀	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	ıp fees, ar	nd gross receipts from	m
	activities rela	ated to its exempt fui	nctions - subject to certa	ain excepti	ions, and (2) no more	e than 33	1/3% of its	support	from gross investmei	nt
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anization a	after June 30, 1975.	
	See section	509(a)(2). (Complete	Part III.)								
10 🗔	An organizat	ion organized and or	perated exclusively to te	st for publ	lic safety. S	See sectio	on 509(a)(4	4).			
11 🔲	An organizat	ion organized and op	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes of one or	
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See see	ction 509(a)(3). Che	ck the box that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.					
	a Type	i b 🗀	Type II d	р 🗀 Тур	e III - Fund	tionally in	tegrated		d 🗔	Type III - Other	
е 🔙	By checking	this box, I certify that	it the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified p	persons other than	
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		_	
	supporting o	rganization, check th	ns box								
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and ((iii) below,	Yes No	0
	the gov	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i) of	or (ii) abov	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
		,						,			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) ls lorganization	the	(vii) Amount of	
orga	anization		(described on lines 1-9		sted in your document?		ion in col.	J(i) organız	ed in the	support	
		į	above or IRC section	<u></u>			r support?	U.S			
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (e) 2009 (b) 2006(c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 9,110. 9,110. 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 1 9,110. 9,110. 4 Total. Add lines 1 through 3 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) 9,110. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 9,110. 7 Amounts from line 4 9,110. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 9,110. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) $\rightarrow X$ organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 b 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

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete on)	y if you checked the b	Page 3 ox on line 9 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
1 Gifts, grants, contributions, and						
membership fees received (Do not		•	{	{		
include any "unusual grants.")			{			
2 Gross receipts from admissions,				ļ		
merchandise sold or services per- formed, 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 bus-		}	}	1		<u> </u>
iness under section 513		}				
4 Tax revenues levied for the organ-		 				
ization's benefit and either paid to				1	}	
or expended on its behalf			}			}
5 The value of services or facilities		 		 	 	
furnished by a governmental unit to		{	1	1		{
the organization without charge		{	{	{		
6 Total. Add lines 1 through 5		 		 	\	
7a Amounts included on lines 1, 2, and		 				
3 received from disqualified persons			}	1		
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		 	 	{	+	
		 		 	 	
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u> </u>		, 	L
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			(0) = 33.	(47=55	0/233	
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					1	
c Add lines 10a and 10b						
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)L14 First five years. If the Form 990 is for t	ho organization'	e first second thir	d fourth or fifth to	L voor on a norte	on 501(a)(3) organiz	vation.
check this box and stop here	ne organization	s mst, second, um	d, louitil, or marte	ax year as a secu	on 30 h(c)(3) organiz	.alion,
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin			column (fl)		15	%
16 Public support percentage from 2008 S		•	,Old (1))		16	
Section D. Computation of Invest						
17 Investment income percentage for 200			ne 13 column (fi)		17	%
18 Investment income percentage from 20			.5 10, 00/4/1/1/	•	18	%
19a 33 1/3% support tests - 2009. If the o		· ·	on line 14, and line			
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
b 33 1/3% support tests - 2008. If the o						and
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nızatıon qualifies a	as a publicly supp	orted organization	. ▶

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