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## 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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

		he organization			Λ		۸		Employe		ion number			
			ike You	th Activitie	<u>2 A2</u>	٥٥٥مم	100		42		1056			
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatıc	ons mus	t comple	ete this	oart ) Se	e instruc	tions			
The				dation because it is:	•	-		-		,				
1				rches, or association			ribed in <b>s</b>	ection 1	70(b)(1)( <i>l</i>	۸)(i).				
2				on 170(b)(1)(A)(ii). (Att		•								
3				nospital service organ										
4	Ц	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												
5								unit described in						
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in <b>sect</b> i	ion 170(t	)(1)(A)(v)					
7				/ receives a substantia ( <b>1)(A)(vi).</b> (Complete P		its suppo	ort from a	governm	iental uni	t or from	the general public			
8				in section 170(b)(1)	,	omplete	Part II )							
9		An organizat	on that normally	receives: (1) more that	an 33½ %	of its su	pport from							
		support from	n gross investm	ed to its exempt funct ent income and unre after June 30, 1975.	lated bus	siness ta:	xable inc	ome (les	s section					
10	П	An organizat	ion organized a	nd operated exclusive	elv to test	for publ	ic safety	See sec	tion 509	(a)(4).				
11														
		An organization organized and operated exclusively for the benefit of, to perform the functions of, purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e								tion 509(	a)(2) See section			
		a 🗌 Type	_	_	□ Тур				•		Type III-Other			
e	X	• •												
		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 organi	zation received	a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	III supporting			
		•	, check this box		•						X			
ç	ı	Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	ny of the					
				r indirectly controls, ending body of the supp				h person	s descrit	oed in (ii)	Yes No 11g(i) 1			
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)			
		(iii) A 35% c	ontrolled entity	of a person described	l in (i) or	(II) above	re?							
<u>_t</u>	1	Provide the	following inform	ation about the support	orted orga	anızatıonı	(s)							
(1		e of supported ganization			(v) Is the organization (v) Did you notify in col (i) listed in your the organization in governing document? col (i) of your		(vi) Is the organization in col (i) organized in the		(vii) Amount of support					
			(see in	(see instructions))				oort?	U	5 ?				
					Yes	No	Yes	No	Yes	No				
		-												
_						_								
		<u> </u>	The state of the s				100000000000000000000000000000000000000		57 41 A 10 A 10 A					
To	tal													

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Par	Support Schedule for Org  Complete only if you chec	j <b>anizations [</b> ked the box	<b>Described in</b> on line 5, 7, 6	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1	)(A)(vi)
Sec	on A. Public Support						
Ca	endar 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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				White .		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						,
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		due restanta et centra	3,000		mg. 1 (1)	
	tion B. Total Support	1	12	· · · · · · · · · · · · · · · · · · ·	<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)		Barrel on Estatoria Russ, Planta Laure Statoria			Page 22 / All Andrews Control of	
11	Total support. Add lines 7 through 10 .	to a same to contain the	on a leg la de sensito	endered bright mark	rate was brillians	A STATE OF THE PROPERTY OF THE PARTY OF THE	<u> </u>
12	Gross receipts from related activities, etc.	•	,	•		12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	•	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	tion C. Computation of Public Su				· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2009 (line	. ,,	•	1, column (f))		14	<u> </u>
15							
	33½% support test – 2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ □						
b	33% % support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ □						
b 18	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.						

Par	Support Schedule for Organizations Described in Section 509(a)(2)  '(Complete only if you checked the box on line 9 of Part I.)							
Sect	ion A. Public Support				<del></del>			
	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							
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			=		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5 .				<del> </del>		-	
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							
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6.)	the product of the pr	A CONTRACTOR OF THE PARTY OF TH					
Sec	tion B. Total Support	1	<u> </u>	A.S. ili immini		<u></u>		
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
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 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)							
14								
Sec	ction C. Computation of Public St					<del></del>		
15 16	6 Public support percentage from 2008 Schedule A, Part III, line 15					15	<u>%</u> %	
Sec	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .					17	<u>%</u> %	
18	Investment income percentage from 2008 Schedule A, Part III, line 17							
198	17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright$							
b	33\% support tests—2008. If the orga	nization did not	check a box o	n line 14 or line	e 19a, and line	16 is more tha	an 33⅓%, and	

	orm 990 or 990-EZ) 2009				Page 4
Part' IV	Supplemental Information. Part II, line 17a or 17b, and	Complete this Part III, line 12	part to provide the Provide any other	e explanations required additional information	by Part II, line 10, See instructions
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