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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	ne 2009 ca	alendar	year, or tax year begin	nning		2009, and er	nding		, 20	
B	Check if	applicable	Please	C Name of organization	Sciences	REUVIF	on mout	rel	D Emplo	yer identification r	-
		s change	use IRS	Doing Business As	olicy Prol	cct	(SEPP)	1 5	4: 1649	372
			label or print or	Number and street (or P.O.				n/sulte	E Teleph	one number	
	Name c		type. Sea	·		+ 712-5		·712-5	,703,	920 274	· ¥-
	Initial re		Specific	City or town, state or co		1 - 2 -					
	Termina		Instruc- tions.	Arl	neten, V	A 222	02,-290	7			
		ed return		ne and address of principal	سحد فعد فعد المستوان				G Gross r		
LJ ,	Application	ion pending	i .		Officer	سر مله صو	-			n for affiliates? Yes	
				S. F. Singer						included? LYes	□No
1	Tax-ex	empt status		01(c) (3) (insert no.)	4947(a)(1) or	527		If "I	lo," attach a	a list. (see instruction	ns)
	Webs			NW. Sepp. DV					exemption nu		
K	Form of	organization:	: Corpo	oration 🔲 Trust 🔲 Associati	on ∐ Other ▶		L Year of for	mation: 1992_	M State of	f legal domicile:	<u> </u>
Pa	art I	Summ	ary								
	1	Briefly de	escribe	the organization's mi	ssion or most s	significant a	ctivities:				
	'	-		_		_					
Activities & Governance	1	Rea	cear	ch + Educat	ion ou	envire	nmeu	Tel pro	blems	5	
nar	·		ZY. 333							•	
Ven	١ .	Ol		f the organization disc	ontinued to operate	one or dispose	d of more than	25% of its not ass	 ote		
Ĝ				=				2376 01 113 1161 453	. 3	1 5	
≪				ng members of the go					·	<u>_</u>	
Eles				pendent voting memb	_	erning body	(Part VI, line	∋1b)		-6-	
Ž	1			employees (Part V, I	•				. 5	6	
Ac	6	Total nur	mber of	volunteers (estimate	ıf necessary)				. 6		
	7a	Total gro	ss unre	lated business reven	ue from Part VII	II, column (C	c), line 12.		. <u>7a</u>	•	
	b	Net unre	lated bu	usiness taxable incom	ne from Form 9	90-T, line 34	<u> </u>	 	<u>. 7b</u>		
								Prior Y	ear	Current Yea	r
	8	Contribut	tions an	nd grants (Part VIII, lir	ie 1h)			1669	30	123 300	
ž				revenue (Part VIII, III				31 75	50	26 350	
Revenue	1	_		me (Part VIII, column		and 7d)		1 6549	74>	461 618	
æ				Part VIII, column (A), I				329		15511	
				dd lines 8 through 11 (< 423 °		626779	
_		_						1 1 1 2			
				lar amounts paid (Pai				·			
ņ				or for members (Par					-		
Expenses	1			mpensation, employee							
ē	16a	Profession	onal fund	draising fees (Part IX, o	column (A), line	11e)		38 2 8 3 4 18	La Alla Mario 14	DEF TOWNS AND THE	873
Д	b	Total fund	draising	expenses (Part IX, col	um <u>n (D), line 25)</u>	CWE		The second	· · · · · · · · · · · · · · · · · · ·	344-45 (-23).	4.4
	17	Other exp	penses	(Part IX, column (A),	lings 11a R位氏	7年5Aitー	'				
	140	Total ave		Add lines 12 17 /mil	04 POLICE DOST************************************	Toolumn //	\ \\\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	21327		111 239	
	19_	Revenue	less exp	penses. Subtract line 1	8 from line 12	· • · 7 · 2 በ 10	1. 101.	. 6365	05>	515 540	
5 8					ISI MAY	1 0 2010). S .	Beginning of C	urrent Year	End of Year	·
a ts	20	Total ass	ets (Pa	rt X, line 16)	_		(뜨)	105514	.2	1502 580	7
Aga	21			Part X, line 26)	OG	DEN, U	T' 'I'	0	,	1	
Net Assets Fund Baland	22			nd balances. Subtrac	t line 21 from	ne 20	<u> </u>	1 0551	42	1502 58	9
	rt		ature l	 				· · · · · · · · · · · · · · · · · · ·			
				perjury, I declare that I hav	e examined this retu	ım, including a	companying so	hedules and state	nents, and t	o the best of my kno	owledge
		and belie	f, it is true	e, correct, and complete. D	eclaration of prepai	rer (other than	officer) is based	on all information	of which pr	eparer has any knov	wledge.
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Sig	-	Sign	ature of o	officer				I Dat			
He	re	y Sign	ature or o	CE SI	noer, P	resident	SEPP	Dai	° 4/	9/10	
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		Type	or print i	name and title				I Oh and 12			
		Preparer's					Date	Check if self-	Preparer's l	dentifying number	
Paic	4	signature	•	_				employed ▶ □	1200 1120 UC	(N) (3)	
	parer's	Firm's na	me (or yo	ours \				EIN	> :		
Use	Only	if self-em	ployed), and ZIP	•				Phone n)	
NA-	v tha				rer chown sho	ve? /sec iss	tructions)	1, 110119 11	 ,	. TYes [No
ivid	y ule i	mo disci	133 HIIS	return with the prepa	ALCI SILOWII ADO	AG: (266 1112	11,000,0113)	· · · · · · · · · · · · · · · · · · ·		. <u> </u>	

Form **990** (2009)

Form	990	(2009)

40	Total program service expenses ▶ 96 c/2
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Organizing conferences
4c	(Code:) (Expenses \$ 20,006 including grants of \$) (Revenue \$)
	Tallas + presentations
	Tuels + presentations
4D	(Code:) (Expenses \$ 5000 including grants of \$) (Revenue \$)
	(Code) \(\sum_{\text{Expansion}} \sigma_{\text{Expansion}} \sigma_{\te
	Withing winder, Dooles, + 39 confer papers
	Writing articles, books + Scientific papers
	Research + Education
4a	(Code:) (Expenses \$ 26,000 including grants of \$) (Revenue \$)
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
	Talks + techy; cal presentations Organizing Conferences
	Writing articles, books, + scientific papers Talks + technical presentations
1	Briefly describe the organization's mission: Research + Education on Environmental Problems
	Statement of Program Service Accomplishments

Checklist of Required Schedules

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

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		/
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		77
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		$\sqrt{}$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>/</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		* * * * * * * * * * * * * * * * * * *	Z
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>/</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>フ</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		<u>√</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	,	_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		<u> </u>

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	
		Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	REPLACED IN
	U.S. Information Returns. Enter -0- if not applicable	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportab	le (the state of the state of t
	gaming (gambling) winnings to prize winners?	1c N/
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
	Statements, med for the caleridar year ending with or within the year covered by this return	2b 1
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1000 1007 100 51
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se instructions)	e
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered be this return?	3a 🗸 ,
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authoritiover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	
h	If "Yes," enter the name of the foreign country: ▶	N/A
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	1 1.3. 2021 E
	and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 🗸
b		? 5b 🗸
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardin	
	Prohibited Tax Shelter Transaction?	5c
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th organization solicit any contributions that were not tax deductible?	.
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?	or 6b N/X
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a √
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b N/K
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s
_	required to file Form 8282?	7c '
d	If "Yes," indicate the number of Forms 8282 filed during the year	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	
	benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1 1 1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g / /
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	s 7h 18
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
	organization, have excess business holdings at any time during the year?	8 V N (A)
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the organization make any taxable distributions under section 4966?	9a N/P
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter:	AN PARTIES
а	Initiation fees and capital contributions included on Part VIII, line 12	一型型型
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11	Section 501(c)(12) organizations. Enter:	
	Gross income from members or shareholders	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a NA
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	150 365
		Form 990 (2009)

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

Sec	tion A. Governing Body and Management				
-			Yes	No	•
1a	Enter the number of voting members of the governing body	7.7	Sugar		
þ	Enter the number of voting members that are independent			747	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1100	2.14	ترست	
	any other officer, director, trustee, or key employee?	2			
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		V	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			
6	Does the organization have members or stockholders?	6		<u>/</u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				'n
	of the governing body?	7a		2	t\
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	23	*	5.3	
_	the year by the following:	, Z.	la per		
а	The governing body?	8a			
	Each committee with authority to act on behalf of the governing body?	8b	$\sqrt{}$		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			7	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		V	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal			
	enue Code.)				
			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		√	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				١٨
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		N	/P
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the		_,T		
• •	form?	11	\checkmark		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4. 13.	**************************************	31-7	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		\$	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	12b			
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
·	describe in Schedule O how this is done	12c		,	
13	Does the organization have a written whistleblower policy?	13		$\overline{\mathbf{V}}$	
14	Does the organization have a written document retention and destruction policy?	14		丆	
15	Did the process for determining compensation of the following persons include a review and approval by	782	147	1700	170
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2.2	144	3	, 14
а	The organization's CEO, Executive Director, or top management official	15a			
	Other officers or key employees of the organization	15b			
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		6	14.11	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1	Y	
	with a taxable entity during the year?	16a		J	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	F		13	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1		
	the organization's exempt status with respect to such arrangements?	16b		NT	A
Sec	tion C. Disclosure				,
17	List the states with which a copy of this Form 990 is required to be filed ▶		V	<u>A</u>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s n			
	available for public inspection. Indicate how you make these available. Check all that apply.	,,-,-	,,		
	☐ Own website ☐ Another's website ☑ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	rect		
1.5	policy, and financial statements available to the public.	21 HILE	. 031		
20		rde of	the		
20	State the name, physical address, and telephone number of the person who possesses the books and recordanization: SP S'IN PUR, 1600 S. Eads St. #712-S. Ar II ng tran VA 22	207			

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

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

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

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

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

Check this box if the organization did not co (A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	hec	k all	that ap	ply)	Reportable	Reportable	Estimated
·	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1039-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations

	·									

Name and title Avantage hours per veet Position (chock all that apph) Position (chock all	Part VII Section A. Officers. Directors, Tre	ustees, Key	y Emp	loye	es,	an	d Hig	hes	t Compensate	d Employees (co	ontinued)	
Pour Ser Press Dir Dir	• •											
The Scinger, Pres + Dir. 60 x x x M. Brandsdarfer, Sciltreas	Name and title	hours per		Institutional	_				compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related	
D. Scitt Chin & Nr.	Dr. GF Singer, Pres + Dir	60	Х		ኦ		- 11					
D. E. Scitts, Chim & Nir.	M. Brendsdorfer, Sec/Treas Dir	1	×		×					W	work	
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	Dr. F. Seltz Chm & Dir	1	<		×				7.00		۸۵	
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	C Gelman, Dir	1	X								unloyed	
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1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)									عملہ ۔۔	plom		
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		-										
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employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organiza	ation >									Yes No	
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services rendered to the organization? If "Yes," complete Schedule J for such person	the organization and related organizations											
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compensation from the organization. (A) (B) (C)												
		ompensated	d inde	eper	nder	nt c	ontra	ctors	s that received	more than \$10	0,000 of	
		Iress								rvices (
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶					ed 1	to th	nose	liste	d above) who i	eceived	e e	

Part	t VII	Statement of Re	evenue						
が、	3					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	1a	Federated campaigns		1a	0	· · · · · · · · · · · · · · · · · · ·	STATE OF THE STATE OF THE	119年前20世纪	
<u> </u>		Membership dues	1b	10		"你说话"	The state of	The street was	
S, S	:	Fundraising events 1c		R	1	表示的意义	The state of the s		
gifts, ilar an		Related organizations		1d	8	10000000000000000000000000000000000000			
S, E	e		abutions)	1e	1				
Contributions, gifts, grants and other similar amounts	٠,	• ,		<u> </u>	 	17 (1.27%-1723 v. 144,587) 18,50 (28.47, 54, 56, 14,		ATT ATT BEAT	
	'	All other contributions, gifts,		1f	123300				The state of the s
돌	l _	and similar amounts not inclu-			12515	S. C. S.	The second secon		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Cont	g	Total. Add lines 1a-1f	ed millines ra-	16. 3	.). <i>[</i> .]. [2	123300	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	''	Total: Add lines to th		<u>· · · </u>	Business Code	WEEK TO CHE		313333	- 1200 P P P 1 2 P 1
Service Revenue						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The state of the s		A de la
eve	2a			• • • • •		 -			
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Š.	C		• • • • • • • • • • • • • • • • • • • •			 			
Se	ď		• • • • • • • • • • • • • • • • • • • •						
E	e	All alban annum annum			2-158	 	<u> </u>		·
Program	1	All other program servi	ice revenue	,	223	0.000	3 23 50 20 00 VE 16 16 16		8
	g	Total. Add lines 2a-2f	<u> </u>	<u> </u>	<u> </u>	26350	なのいない。	語を開発した。	B. A. M. A. Salanges v. A. S.
	3	Investment income (income other similar amounts)			🕨	461618			
	4 5	Income from investment of Royalties	or tax-exemp	ot bon	a proceeas	10539			
	3	noyalles	(i) Real	· —	(ii) Personal	Sign State State			11. 2. 4 2. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2
			(y ricar		(ii) i croonar i	The second second	持軍攻害時		
		Gross Rents							
		Less: rental expenses				学等	10000000000000000000000000000000000000		
		Rental income or (loss)			L		TAVE		
	d	Net rental income or (lo		``		Maria and a construction	E63751 275 18420 18	lates as a serie file	To a series of the control of
	7a	Gross amount from sales of	(i) Secuntie		(ii) Other			等。这种意	A Line of the Control
		assets other than inventory	<u> </u>		 				990年
	b	Less: cost or other basis				The street and		是是一个	"。 "是是是对
		and sales expenses .	<u> </u>				7. C		这种交通
		Gain or (loss)	<u></u>		L	Establish State		Marrier at W. V.	
	d	Net gain or (loss)			<u> </u>	<i>O</i>	W-7-000		
e	8a	Gross income from	fundraisır	na		A Charles	The same of	在一个工作	1
evenue		events (not including \$					33 F. W.		
ě		of contributions reported	d on line 1	c).					元 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Ä		See Part IV, line 18		a		113	Section 1		
Other		Less: direct expenses		ь				And the Land of the Land	
ŏ	С	Net income or (loss) fro	om fundrais	ing e	vents >	<i>\top\</i>			
	Q ₂	Gross income from gam	nina activitie	e			成。如果	は、大学の大学の	
	36	See Part IV, line 19							1
	ь	Less: direct expenses.				"结"。"你说是是		7.5% A 27.5%	\$ 14 m 20 m 2
		Net income or (loss) fro			ities ▶	4			<u> </u>
- 1	10a	Gross sales of inve	ontoni lor			S. P. Carlotte	Mark William St.	是"是"是是"是"。	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	.00	returns and allowances	entory, les	a a					新建筑
	h	Less: cost of goods so							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Net income or (loss) from		1	orv. ▶	4972		**************************************	
		Miscellaneous Reve			Business Code	海 /公人。	为"红","一"	经验证的	142 T. E. CR. 3
j	44=		·- <u>-</u> -			No of the lattice of the	A STATE OF THE STATE OF		Chairman A.
	11a	•••••			<u> </u>				
	b	•••••		••••					
	С				P3				
Ì		All other revenue		. 1	L		मा के जनमंद्री की सके _{मिल} ान में स्वर्	- J - 24/40 - 5 40%	A 187 51 3 10 3 10 10
}		Total. Add lines 11a-1		•	🟲			- 26 - 25 K	12 0 W 1 1 1 1 2 1 1
	12	Total revenue. See ins	tructions.		<u> </u>	626779			

Part IX Statement of Functional Expenses

Section 50)1(c)(3) and 501(c)(4	i) organizatioi	ns must complete	air columns.	
All other organizations must	complete column	(A) but are no	t required to com	plete columns (B)	, (C), and (D).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	mile to the sail of the sail of
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	/			
9	Other employee benefits			ļ	
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees):				
а	Management ,	500	200	200	100
b	Legal	250			
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10737		1737	
f	Investment management fees	1540	9000	240	100
-	Other	1340	1200	270	100
12	Advertising and promotion	18000	14000	2000	2000
13	Office expenses	1200	1-1000	200	2000
14	Information technology	19400			
15	Royalties	19100	15000	3000	1100
16 17	Occupancy	28250	28250		
	Travel		78255		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2512	2512		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	350	350		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Secretarial	24000	21000	2000	1000
b c	Misc	6000	4500	1000	5∞
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	111239	96012	10 377	4850
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Ŀć	Lr v	Balance Sneet			,
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	18651	1	830
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	Charles and the contract of th	UMAN UMAN SIN	Wall Market
		employees, and highest compensated employees. Complete Part II of		100	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		ne si	[24] "是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	41	£ 23.	State of the state
	}	Part II of Schedule L		6	
Ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	<u> </u>	8	3 650
A	9	Prepaid expenses and deferred charges	PVD	9	
	10a	Land, buildings, and equipment: cost or 10a	经有种的	17	对于外外
		other basis. Complete Part VI of Schedule D	4. 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3		Fri Name Carre
	b	Less: accumulated depreciation 10b	ļ. <u></u>	10c	. , _
	11	Investments—publicly traded securities	1-0(11-0)	11	1000100
	12	Investments—other securities. See Part IV, line 11	1036491	12	1498109
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1055142	15	1 Era 500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1055172	16 17	1502 589
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
6	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	TO DESCRIPTION OF MARKETINE	1997	PATERINAL PROPERTY
Ρij	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	30 对于是第二次,例		
Lia		persons. Complete Part II of Schedule L	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	22	Dick of the state
		Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	· ·
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	&	26	0
		Organizations that follow SFAS 117, check here ▶ □ and	ころにきまるとはまれて	سه مرافق. در ماد ش	
ces		complete lines 27 through 29, and lines 33 and 34.		7.00	
lan	27	Unrestricted net assets	1055142	27	1502589
Bai	28	Temporarily restricted net assets	ب	28	
Þ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	1 055 142	34_	1502 589
					E 990 (2000)

Pai	t XI Financial Statements and Reporting			
	. 1		Yes	No
1	Accounting method used to prepare the Form 990: 💢 Cash 🗆 Accrual 🗆 Other		建	**
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	Were the organization's financial statements audited by an independent accountant?	2b		~
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1 1		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	3.44	A.E.	3
	Schedule O.	4.3		***
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			10. 30. 12
	issued on a consolidated basis, separate basis, or both:			1.54
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	116	1	1.53
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	[[N/
	the Single Audit Act and OMB Circular A-133?	3a		_747
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

, SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ 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

organization se & Environmental Policy Pa

Employer Identification number 54 | 645372

Pa	rt I	Reasor	for Public Cl	harity Status (All o	rganizati	ons mu	st comp	lete this	part.) S	ee instru	ctions.	
The	orga	anization is n	ot a private four	ndation because it is:	(For line	s 1 throu	gh 11, cl	heck only	one box	: .)		
1		•		urches, or association				section '	170(b)(1)(A)(i).		
2				on 170(b)(1)(A)(ii). (Ai								
3			•	hospital service organ								
4	Li		esearch organiza ame, city, and st	ation operated in contate:	junction	with a ho	ospital de	escribed i	in section	n 170(b)(1	l)(A)(iii). Enter the	
5			ganization operated for the benefit of a college or university owned or operated by a governmental unit described in on 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).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A communit	y trust describe	d in section 170(b)(1))(A)(vi). (C	Complete	Part II.)					
9	<u> </u>	receipts fror support fror	n activities relate n gross investm	y receives: (1) more the ed to its exempt func- nent income and unreal a after June 30, 1975.	tions—su elated bu	ubject to siness ta	certain e xable ind	xceptions come (les	s, and (2) ss section	no more	than 331/3 % of its	
10 11		An organiza An organiza purposes of 509(a)(3). Cl a Type	tion organized a tion organized a one or more pu heck the box tha I b	and operated exclusive and operated exclusive blicly supported orga at describes the type of Type II	ely to tes vely for t nizations of suppo : Typ	t for pub he benef describe orting org	lic safety it of, to ed in sect anization actionally	r. See sec perform to non 509(a and com integrate	ction 509 the functi)(1) or sea aplete line	ons of, oction 509(es 11e thr	(a)(2). See section ough 11h. Type III-Other	
е	X	persons other		tify that the organiza on managers and othe I.								
f g		organization	, check this box st 17, 2006, has	a written determinat							III supporting	
		(i) A person	n who directly o	r indirectly controls, orning body of the sup				th persor	ns descrit	oed in (ii)	Yes No	
		(iii) A 35% c	controlled entity	erson described in (i) a of a person described	d in (i) or		?				11g(ii) 11g(iii)	
<u>h</u>				ation about the support								
(1)		e of supported janization	(de at	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col. (i) listed in your governing document?				(vi) is the organization in coll (ii) organized in the US?		(vii) Amount of support	
				,	Yes	No	Yes	No	Yes	No		
			<u> </u>									
			ant.				<u> </u>					
			40				ļ					
											 	
			TANK SEE	The state of the s	T 19	٠٠. نان ۽ در انجان	24 6	7.12 × 160° c				
Tota	ıl				1, 2 4 2 2 3	1			学就是		D	

	dule A (Form 990 or 990-EZ) 2009			<u> </u>			Page 2	
Pa	Support Schedule for Org (Complete only if you ched					and 170(b)(1	I)(A)(vi)	
Sec	tion A. Public Support	wed the box	On time 5, 7,	OI O OI FAIL				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
_		1,7,333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.7, -3.2.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(7) / 5 / 2 / 2	
1	Gifts, grants, contributions, and membership fees received. (Do not				/	Y		
	include any "unusual grants.")		<u> </u>	110				
2	Tax revenues levied for the organization's		1					
	benefit and either paid to or expended on		N	117				
	its behalf		\vdash \vdash \lor	 	 /	ļ		
3	The value of services or facilities	1	,		\vee			
	furnished by a governmental unit to the		"	1	1	1 1		
	organization without charge	 						
4	Total. Add lines 1 through 3	AND THE PROPERTY OF THE PARTY.	1 1 1 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOWARD AND IN	Sale Brillian State	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
5	The portion of total contributions by each person (other than a governmental unit or			11 2 2 2				
	publicly supported organization) included			130		40000000000000000000000000000000000000		
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)		The table of the state of	Z.N. T.				
6	Public support. Subtract line 5 from line 4.	The state of the	4 T. 13	I want to the think to	30.11.22 11.2	数学生		
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4						·	
8	Gross income from interest, dividends,]]		
	payments received on securities loans, rents, royalties and income from similar							
	sources , , ,	<u> </u>	/					
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. And lines 7 through 10 .	J. Marine Land	は野野の	は変数が強調が	5万数。这			
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for					ear as a section	n 501(c)(3)	
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>		
Sec	<u>tion C. Computation of Public Su</u>							
14	Public support percentage for 2009 (line					14		
15	Public support percentage from 2008 Schedule A, Part II, line 14							
16a	33%% support test—2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	331/3 % support test / 2008. If the organi	zation did not c	heck a box on	line 13 or 16a,	and line 15 is 3	331/3 % or more,	check this	
	box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test - 20	-						
	more, and if the organization meets the "f				•	•	_	
	organization meets the "facts-and-circum	stances" test. T	ne organization	qualifies as a p	publicly suppor	ted organization	∟ ◄١	
b	10%-facts-ánd-circumstances test - 2008	•						
	more, and if the organization meets the "f					•		
10	organization meets the "facts-and-circumstate Private foundation. If the organization did		_		-			
18	rrivate foundation. If the organization did	not check a bo	A Un mile 13, 10a	a, 100, 1/a, 0/1	, oneck this t	oox and see insti	iuctions > L	

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	tion A. Public Support	. The box of	Timle 9 OFF	1111							
	elendar 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.")	102260	7481C	174600		123300	641 90C				
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.	14700	e	143000	31750	26350	215860				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	/				15511	15511				
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	116960	74810	317600	148 680	165161	873 211 1				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	.t	e	,e-	£	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	18000	14000	48000	81000		300 400				
	amount on line 13 for the year	18000	14000	48000	81000	67960	1228 960				
с 8	Add lines 7a and 7b	18000		13000	31000		(664257)				
Sec	tion B. Total Support		<u> </u>	L	"	<u> </u>	(0612)				
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9	Amounts from line 6	116960	74810	317600	198 680	165161	873211				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20 152	18852	25537	28 580	127286	112040F				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				/						
С	Add lines 10a and 10b	20152	18852	25537	28580	27286	120407 40				
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)	137112	93662	343137	227 260	142447	993618				
14											
Section C. Computation of Public Support Percentage											
15	Public support percentage for 2009 (lin			e 13, column ((f))	15	65 233 % gr36				
16	Public support percentage from 2008 S			<u></u>		16	7 <i>0</i> %				
Sec	Section D. Computation of Investment Income Percentage										
17	Investment income percentage for 200	-		•	olumn (f)) .	17	12 %				
18	The state of the s										
19a											
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► 🗵 b 33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► 🗵										
20											