

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

2009

Open to Public

Inspection

OMB No 1545-1150

Department of the Treasury

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service , 20 For the 2009 calendar year, or tax year beginning 2009, and ending C Name of organization B Check if applicable. D Employer identification number ıse IRS Address change Alabama Sustainable Agriculture Network 56-2461946 label or Name change Number and street (or P O box, if mail is not delivered to street address) print or trutial return type. 205-789-5934 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return . Instruc-Birmingham, AL 35210 Application pending Number ▶ N/A • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: ✓ Cash ☐ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ If the organization is not required to attach Schedule B (Form 990, Website: ▶ www.asanonline.org 990-EZ, or 990-PF). Tax-exempt status (check only one) — 

501(c) ( 3 ) 

(insert no.) 

4947(a)(1) or 

527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 78,072.74 L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 76,962.11 Contributions, gifts, grants, and similar amounts received . . . . 2 2 1,103.75 Program service revenue including government fees and contracts 3 3 685.00 Membership dues and assessments . 4 .03 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses. Gain or (loss) from sale of assets other than rinventory (Subtract line 5b from line 5a) . . . . . Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 5c S Gross revenue (not including \$ of contributions Θ reported on line 1) . | NOV .2 .2 .2010. Ġ Less: direct expenses other than fundraising expenses 6b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ 8 78,072.74 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 91,246.74 10 Grants and similar amounts paid (attach schedule) . . . 10 11 11 Benefits paid to or for members . . . . . . 12 Salaries, other compensation, and employee benefits... 12 13 13 Professional fees and other payments to independent contractors . 14 Occupancy, rent, utilities, and maintenance . . . . . 14 904.25 2,087.48 15 15 Printing, publications, postage, and shipping. Other expenses (describe Office Spl\$127; Membership\$230; BankSC\$144; Adver\$50; Web\$30 16 16 581.14 17 Total expenses. Add lines 10 through 16 . . . . 17 94,819.61 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 18 18 <16,746.87> 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 18,802 20 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 21 2.055.13 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.) (B) End of year (A) Beginning of year 18,802 22 22 Cash, savings, and investments . . . . . . . . . . 23 Land and buildings . . . 23 24 24 Other assets (describe ▶ 25 18.802 25 2,055.13

26

26

18.802 27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Total assets . . .

Total liabilities (describe ▶

•	(,					i ago 📥	
Par	t III , Statement of Program Service Accom	plishments (See the instri	uctions for Part III	l.)		Expenses	
What		(Required for section 501(c)(3) and 501(c)(4)					
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
	nanner, describe the services provided, the number of persons benefited, and other relevant information for						
each	program title.	•				(a)(1) trusts, optional hers.)	
28	HEIFER FSI=Heifer International Grant to provide su	port for individual farmers	awareness of organ	nic	$\vdash$	· · ·	
20	programs and education on sustainable agricultural		Twareness or organ				
	programs and education on sustainable agricultural				1		
	10	:			00-	47 620 77	
		includes foreign grants, che			28a	47,632.77	
29	SUSTAINAGLE AGRICULTURE RESEARCH & EDUC		niversπy Aυτό deve	elopment &			
	Implement sustainable farming methods using AU re	esearch					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 📙	29a	15,041.49	
30	ALABAMA AGRICULTURAL & MECHNICAL UNIV (AA	AMU)=Grant from AAMU to p	rovide community of	outreach &			
	technical assistance for small & limited resource fan	mers & ranchers through sen	ninars and develop	ment of a			
	resource guide.						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	11,903.66	
31		DULE 1					
	• •	includes foreign grants, che	eck here	. ▶□	31a	16,668.82	
32	Total program service expenses (add lines 28a t			<u> </u>	32	· · · · · · · · · · · · · · · · · · ·	
Par			en if not compensa	ted. (See the		tions for Part IV.)	
•		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances	
Jan (	Garrett, Organic Vegetable Production Research	gorotog to position	51121 5 19	deletted delitipat	- COLOUT	Olio, dilonarioco	
	Life Sciences Bldg, Auburn Univ, AL 36849	Board Member, 4	-0-		-0-	-0-	
	ry & Larry Johnson, SheerLark Farm		70-			-0-	
		Board Member, 4	-0-		•	_	
	County Rd 327, Flat Rock, AL 35966				-0-	-0-	
	rew Williams, Retired USDA/NRCS	Board Member, 4					
5850 Hwy 66, Safford, AL 36773		<del> </del>	-0-		-0-	-0-	
	rew Grace, Documenting Justice Director	Board Member, 4					
1613	2nd Ave, Tuscaloosa, AL 35401	,	٠0-		<u>-0-</u>	-0-	
Simo	on Bevis, Noah Valley Farm	President, 6					
2303	Noah Valley Road, Jacksonville, AL 36265		-0-		-0-	-0-	
Edw	in Marty, Jones Valley Urban Farm	Treasurer, 6	i				
701	25th Street North, Birmingham, AL 35203	illeasurer, o	-0-		-0-	-0-	
Katio	e Davis, Jones Valley Urban Farm	Board Member, 4					
701	25th Street North, BirmIngham, AL 35203	Board Melliber, 4	-0-		-0-	-0-	
Kare	n Wynne, ASAN						
P.O.	Box 18782, Huntsville, AL 35804	Project Coordinator	-0-		-0-	-0-	
		1					
		1					
				<del> </del>			
		1					
	_ · · · · · · · · · · · · · · · · · · ·					<del> </del>	
		1					
			·····	<del> </del>			
		1					
-	<del></del>		<u> </u>	<del> </del> -	· ·	<del> </del>	
		1					
			<del></del>	<u> </u>			
		1				]	
						ļ	
				<u></u>			
		]					
		1	1	I		1	

Part	V . 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		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	İ	Ī
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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:	1		
а	Initiation fees and capital contributions included on line 9			<b> </b>
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 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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. ▶ Alabama			
42a	The organization's books are in care of ▶ Jenny Dorgan Telephone no. ▶	205-24	0-289	1
	Located at ▶ 2007 2nd Avenue North, Irondale, AL ZIP + 4 ▶	35	210	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<del></del>	T =
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>✓</b>
	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.	40		,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	!	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		•	▶□
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 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 "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		_	 N_E7	· •

A6   Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Ves," complete Schedule C, Part I	Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt c ad 51.	onexempt charit haritable trusts m	able trusts only. A lust answer question	II sec ons 46	tion 5–491	b		
1   1   1   1   1   1   1   1   1   1							Yes	No		
s the organization a school as described in section 170(b)(1)(b)(f)? If "Yes," complete Schedule E		•						<del></del>		
Did the organization make any transfers to an exempt non-charitable related organization?  10 If "Yes," was the related organization a section 527 organization?  10 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  10 Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter whose.  11 Total number of other employees paid over \$100,000 of compensation devoted to position devoted to position.  12 Organization to the organization of the organization. If there is none, enter "None."  13 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."  13 (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  148			•			$\overline{}$		<del></del>		
b if "Yes," was the related organization a section \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Title std every employees (c) Compensation for the organization. If there is none, enter "None."  (c) Compensation employees paid than \$100,000 of compensation for the organization of the adverted to position expert weeks devoted to posi		<del>-</del>		•		$\vdash$		<b>✓</b>		
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee pad more than \$100,000 (b) Total number of other employees paid over \$100,000 .    Total number of other employees paid over \$100,000 .    Government of the employees paid over \$100,000 .    Government			•	~				<b>├</b>		
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000  (b) Title and wavering devoted to position  (c) Compensation (c) Compensation of the employee benefit plans a cooperation of the employees benefit plans a cooperation of the employees paid over \$100,000  (d) Total number of other employees paid over \$100,000  (e) Total number of other employees paid over \$100,000  (e) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Type of service  (g) Name and address of each independent contractor paid more than \$100,000  (g) Type of service  (g) Compensation  (g) Type of service  (g) Total number of other independent contractors each receiving over \$100,000  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Total number of other independent contractors each receiving over \$100,000  (g) Type of service  (g) Compensation  (		,								
(a) Name and address of each employee paid more than \$100,000										
f Total number of other employees paid over \$100,000 .		(a) Name and address of each employee paid more	(b) Title and average hours per week		on (d) Contributions to employee benefit plans &	(e)	Exper	nse and		
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •	NONE		dovoted to position			O.H.O.	<u>unovic</u>			
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •								<del></del>		
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •										
51 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."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 • • • • • • • • • • • • • • • • •		T				L				
d Total number of other independent contractors each receiving over \$100,000 ▶					Type of service	(c) Cor	npens	ation		
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.	NONE									
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.						_				
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.										
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.										
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.										
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.		· · · · · · · · · · · · · · · · · · ·		<del></del>						
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.										
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.			<del></del>	<del> </del>	···············					
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.										
Under penalties of perjury, 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.  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  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  Preparer's left of the best of my knowledge and statements, and to the best of my knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  It is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's left if it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Preparer's identifying number (See instructions)  EIN  Phone no.	d	Total number of other independent contractors e	each receiving over \$10	00.000 >	-0-					
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.    Signature of officer	•	•	<b>3</b> .	·		-				
Here    Signature of officer   Date										
Type or print name and title  Paid Preparer's Use Only  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed		Signature of officer			Date 11/15/10	/				
Paid signature signature   Self-employed   □										
Preparer's Use Only   Firm's name (or yours if self-employed), address, and ZIP + 4   Phone no. ▶   May the IRS discuss this return with the preparer shown above? See instructions		signature	Date	self-	Preparer's identifying nui	nber (Se	— e instruc	tions)		
Ose Only yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions	•	Firm s name (or	<del></del>		EIN Þ					
	use Un									
	May th		n above? See instruction	ons	▶ [					

### **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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number** Name of the organization

	nization is no A church, co A school des A hospital or	ot a private foun invention of chul scribed in section a cooperative h		(For lines of church ach Sche	1 throug	h 11, ch	eck only	one box.	)	tions.			
	A church, co A school des A hospital or	nvention of churscribed in section a cooperative h	rches, or association on 170(b)(1)(A)(ii). (Att	of church ach Sche	nes desci		-						
	A school des A hospital or	scribed in <b>sectio</b> a cooperative h	on 170(b)(1)(A)(ii). (Att	ach Sche		ribed in s	ection 1	70(b)(1)(A	\)(ï).				
	A hospital or	a cooperative h			edule E.)								
	•	•	nospital service organ			A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.)							
	A medical re		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
		search organiza	tion operated in conj	unction v	vith a hos	spital des	scribed in	section	170(b)(1)	(A)(iii). Ente	er the		
	hospital's na	me, city, and sta	ate:	<del>-</del>									
]	An organizat	ion operated for	the benefit of a colleg	ge or univ	versity ov	vned or c	perated	by a gove	ernmental	unit describ	bed in		
	section 170	<b>(b)(1)(A)(iv).</b> (Cor	mplete Part II.)										
	A federal, sta	ate, or local gove	ernment or governme	ntal unit	described	d in secti	ion 170(t	o)(1)(A)(v)					
	An organizati	ion that normally	receives a substantia	al part of	its suppo	rt from a	governm	ental unit	or from t	he general	public		
	described in	section 170(b)(	1)(A)(vi). (Complete P	art II.)									
	A community	trust described	I in <b>section 170(b)(1)</b>	<b>(A)(vi).</b> (C	omplete	Part II.)							
									511 tax)	from busin	esses		
	acquired by	the organization	after June 30, 1975.	See sec	tion 509(	a)(2). (Co	mplete F	art III.)					
_	_	-	•	-		-							
J													
											ection		
									_				
	* *		- 1			•	•			• •			
لـ													
				r than one	e or more	publicly	supporte	a organiz	ations de	scribed in s	ection		
								- "	_				
			a written determinati	on from	the IRS 1	that it is	a Type I	, type ii,	or type	III supporti	ing ┌		
	_		the erganization acco			 ontributio	 n from o	 one of the			. ⊔		
			the organization acce	pieu any	giit oi c	Onthibutio	ni iioiii a	iny or the					
			r indirectly controls is	ithar alo	ne or tog	othor wit	h nerson	e deccrit	ed in (ii)	Yes	No		
		•	-		-		n person	is uescrit	Jed III (II)	11g(i)	$\vdash$		
		•			garnzano								
					 (ii) above	 ?							
								• • •			<u> </u>		
ame		(ii) EIN	(iii) Type of organization	T .			ou notify	(vi) !:	s the	(vii) Amoun	nt of		
org	anization		(described on lines 1–9							support	t		
			(see instructions))	governing	document:								
				Yes	No	Yes	No	Yes	No				
			•										
			i e e e e e e e e e e e e e e e e e e e	l i	l	1	1	1					
			<del></del>										
_													
·													
		An organizat described in A community An organizat receipts from support from acquired by An organizat purposes of 509(a)(3). Cha Type By checking persons othe 509(a)(1) or sif the organi organization, Since Augus following per (i) A person and (iii) be (ii) A family (iii) A 35% c	An organization that normally described in section 170(b)( A community trust described An organization that normally receipts from activities relate support from gross investmacquired by the organization An organization organized an An organization organized a purposes of one or more put 509(a)(3). Check the box that a    Type I    By checking this box, I cert persons other than foundation 509(a)(1) or section 509(a)(2). If the organization received organization, check this box. Since August 17, 2006, has following persons?  (i) A person who directly organization and (iii) below, the governiand (iii) below, the governiance of supported (ii) EIN	An organization that normally receives a substantial described in section 170(b)(1)(A)(vi). (Complete P A community trust described in section 170(b)(1)  An organization that normally receives: (1) more that receipts from activities related to its exempt funct support from gross investment income and unreacquired by the organization after June 30, 1975.  An organization organized and operated exclusive purposes of one or more publicly supported organization supported organization organized and operated exclusive purposes of one or more publicly supported organization for the box that describes the type and the supported organization of the supported organization organization managers and other solutions of the organization received a written determinate organization, check this box	An organization that normally receives a substantial part of described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33½ % receipts from activities related to its exempt functions—su support from gross investment income and unrelated bus acquired by the organization after June 30, 1975. See sector An organization organized and operated exclusively to test An organization organized and operated exclusively for the purposes of one or more publicly supported organizations 509(a)(3). Check the box that describes the type of supported as a Type I b Type II c Type II c Type II b Type II c Type II c Type II spersons other than foundation managers and other than one 509(a)(1) or section 509(a)(2).  If the organization received a written determination from organization, check this box	An organization that normally receives a substantial part of its support described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (1) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (2) more than 331/3 % of its surface process. (3) more than 331/3 % of its surface process. (3) more than 331/3 % of its surface process. (3) more than 331/3 % of its surface process. (3) more than 331/3 % of its surface process. (3) more than 331/3 % of its surface process. (3) more than 331/4 % of its surface process. (3) more than 331/4 % of its surface process. (3) more than 331/4 % of its surface process. (3) more than 331/4 % of its surface process. (3) more than 331/4 % of i	An organization that normally receives a substantial part of its support from a described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33½ % of its support from receipts from activities related to its exempt functions—subject to certain ex support from gross investment income and unrelated business taxable income acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)  An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)  An organization organized and operated exclusively to test for public safety.  An organization organized and operated exclusively for the benefit of, to purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and analysis organization is not controlled direct persons other than foundation managers and other than one or more publicly 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution following persons?  (i) A person who directly or indirectly controls, either alone or together with and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iv) Did y the organization following information about the supported organization following coli (ii) supported organization following information about the supported organization following coli (iii) supported organization following information about the supported organization following coli (iii) supported organization following persons for organization following persons for organization following information about the supported organization follo	An organization that normally receives a substantial part of its support from a governmed described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33% % of its support from contriber receipts from activities related to its exempt functions—subject to certain exceptions support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Find An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations described in section 509(a)(509(a)(3)). Check the box that describes the type of supporting organization and comparison other than foundation managers and other than one or more publicly supported 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from a following persons?  (i) A family member of a person described in (i) above?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described organization (v) Did you notify the organization (see instructions))  (iv) Did you notify supported organization (iii) prover instruction in col. (ii) Isted in your support?	An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33½ % of its support from contributions, m receipts from activities related to its exempt functions—subject to certain exceptions, and (2) support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a) An organization organized and operated exclusively for the benefit of, to perform the function 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 line a	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33½ % of its support from contributions, membershi receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more is support from gross investment income and unrelated business taxable income (less section 511 tax) acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  By checking this box, I certify that the organization is not controlled directly or indirectly by one or persons other than foundation managers and other than one or more publicly supported organizations de 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) A family member of a person described in (i) above?  (iii) Type of organization (described on lines 1-9 above or IRC section (i) organization (i) (i) organization (i) (i) organization in col (ii)	An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33/s % of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/s % support from gross investment income and unrelated business taxable income (less section 511 tax) from busin acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry or purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a		

					and 1/0(b)(1)	)(A)(VI)
ion A. Public Support						
endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received. (Do not	36,158	25,939	47,564	28,450	76,962	215,073
furnished by a governmental unit to the						
•	36,158	25,939	47,564	28,450	76,962	215,073
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						
						215,073
tion B. Total Support						
endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4	36,158	25,939	47,564	28,450	76,962	215,073
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		29	29	_		58_
Net income from unrelated business activities, whether or not the business is regularly carried on						·
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		960	180	11,030	1,789	13,959
					10	229,090
organization, check this box and stop he	re					n 501(c)(3)
<del></del>					<u> </u>	
Public support percentage for 2009 (line	6, column (f) div	vided by line 11	I, column (f))		14	93.9 %
331/3 % support test-2009. If the organiz	zation did not d	heck the box o	on line 13, and	line 14 is 33% 9	6 or more, chec	
331/3 % support test-2008. If the organiz	zation did not c	heck a box on	line 13 or 16a,	and line 15 is	331/3 % or more,	check this
more, and if the organization meets the "fa	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
more, and if the organization meets the "forganization meets the "facts-and-circumsta	acts-and-circum inces" test. The	stances" test, o	check this box a alifies as a public	and <b>stop here</b> . bly supported or	Explain in Part ganization	IV how the
	(Complete only if you checktion A. Public Support endar year (or fiscal year beginning in) ▶  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  tion B. Total Support lendar year (or fiscal year beginning in) ▶  Amounts from line 4  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  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Supular or loss and stop here. The organization qualifies 33½ % support test—2009. If the organization dual top here. The organization qualifies 33½ % support test—2009. If the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the	(Complete only if you checked the box of the A. Public Support endar year (or fiscal year beginning in) ▶ (a) 2005  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  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).  Public support. Subtract line 5 from line 4.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instruction organization, check this box and stop here.  Public support percentage for 2009 (line 6, column (f) dividency for the organization did not control of the proper form the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instruction organization, check this box and stop here.  Public support percentage from 2008 Schedule A, Part I 33½ % support test—2009. If the organization did not control of the organization qualifies as a publicly single from 2008 Schedule A, Part I 33½ % support test—2009. If the organization did not control of the organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum stances" test. Toward organization meets the "facts-and-circum stances" test. The	(Complete only if you checked the box on line 5, 7, cotion A. Public Support endar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, secon organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage from 2008 Schedule A, Part II, line 14  33½ % support test—2009. If the organization did not check the box on and stop here. The organization qualifies as a publicly supported organization stop here. The organization qualifies as a publicly supported organization from the organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test. The organization more, and if the organization meets the "facts-and-circumstances" test. The organization organization meets the "facts-and-circumstan	(Complete only if you checked the box on line 5, 7, or 8 of Part I. ition A. Public Support endar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4. tion B. Total Support endar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007  Amounts from line 4  Gross income from unrelated business activities, whether or not the business is regularly carned on .  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here. The organization of Public Support Percentage  Public support percentage from 2008 Schedule A, Part II, line 14  33% % support test—2008. If the organization did not check a box on line 13, and and stop here. The organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test,	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)  ion A. Public Support  endar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax reverues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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) Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from urrelated business activities, whether or not the business is regularly carned on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax yr organization, check this box and stop here.  The organization check this box and stop here.  The organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organizati	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)  ition A. Public Support endar year (or fiscal year beginning in) ▶  (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  How the company of the company of the portion of the company of the portion of the company of the amount shown on line 11, column (f)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smilar sources  Net income from unrelated business activities, whether or not the business is regularly carned on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)

1 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	2009 (f) Total
1 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	2009 (f) Total
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  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5	
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	
unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5	
benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5	
furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5	
- America Sad dad on Page 4.0 and 0.1	
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	
c Add lines 7a and 7b	
8 Public support (Subtract line 7c from line 6.)	
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e)	2009 (f) Total
9 Amounts from line 6	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	
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.)	
<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as organization, check this box and <b>stop here</b>	
Section C. Computation of Public Support Percentage	<del></del>
Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	% %
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).  18 Investment income percentage from 2008 Schedule A, Part III, line 17	% %
19a 33% % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, check this box and stop here. The organization qualifies as a publicly support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, check this box and stop here. The organization qualifies as a publicly support tests—2009.	rted organization $lacktriangle$
<ul> <li>33% % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is mediane 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly support tests—20.</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and</li> </ul>	

chedule A (F	om 990 or 990-EZ) 2009							Page 4
Part IV	Supplemental In Part II, line 17a o	formation. Comp r 17b; and Part II	plete this p	part to provide Provide any ot	the explanation her additional in	s required b	y Part II, lin	ne 10; ons.
					<del>-</del> -			
		<b></b>						
		,						
								••••
					••	·		· <b></b>
								·
		•						· • • • • • • • • • • • • • • • • • • •
								••••
					<b></b>			
			·					

## **SCHEDULE 1**

# ALABAMA SUSTAINABLE AGRICULTURE NETWORK FY 2009 990-EZ PART III, LINE 31 Other Program Services

Program Service	Grants\$	Expenses
SRRME	-0-	7,726.11
Sustainable Agriculture Research & Education (PDP)- Grant from Auburn University to provide professional development programs providing education in sustainable agriculture practices for small and limited resource farmers and ranchers	-0-	5,334.24
Heifer Grassroot Support - Grant from Heifer International to provide technical assistance and capacity building support to promote community garden organizations	-0-	3,608.47
TOTAL	-	16,668.82