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Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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 profiting requirements.

OMB No 1545-1150

Α	For the	2009 calend	lar year,	, or tax year beginning	January 1	, 2009, and	ending Dec	ember	31 , 2	20 09
В	Check if a	pplicable	Please	C Name of organization			D Emp	loyer ide	entification nur	nber
	Address o	change	use IRS label or			SEIVED 1	D Emp	7	21291068	
	Name cha	ange	print or	Number and street (or P O box, if	f mail is not delivered to	treet address) Roo		ohone ni	ımber	
	Initial retu		type. See	365 Canal Street		2 2010	2780	50	4-561-6563	
닏	Terminate		Specific	City or town, state or country, and	III lea & + PIST	1 5 60,00	<del>₩</del>	up Exei		
님	Amended		instruc- tions	New Orleans, LA 70130-111	11 10 1 100	57 C 0 10		nber ▶	-	
느		on pending			(0)	WHIR TENA				
	• Sec	tion 501(c)(3,	organiz a cor	izations and 4947(a)(1) nonexe mpleted Schedule A (Form 99	mpt châritable truste 0 or 990-EZ).	hrust attach	G Accounting M Other (specify		☑ Cash [_	Accrual
							H Check ▶ 🗹	ıf the o	rganization is	not
	Websit	to to la-av	vma org	1			required to at			
-				only one) — ✓ 501(c) ( 3 ) ◀	(insert no.) 1 4947(	a)(1) or 527	990-EZ, or 99			,
			<u>`</u>	nization is not a section 509(a)(3)	<del></del>				ro than \$25 O	00 A
ĸ	Check I			eturn is not required, but if the c						JU A
_				ne 9 to determine gross receipts; if				> \$	<u> </u>	
		S 5D, 6D, and	7D, to line	penses, and Changes in	Not Accets or E	und Ralances (	Soo the instru		for Part I	
	anti							1	o ioi Fait i.	
	1			fts, grants, and sımılar amou				1		3465
	2	Program s	service i	revenue including governme	ent fees and contrac	ets		2		91329
	3	Membersh	np dues	s and assessments				3		3877
	4	Investmer	it incom	ne				4		234
<u> </u>	5a	Gross am	ount fro	om sale of assets other than	inventory	5a				
	b	Less: cost	t or othe	er basis and sales expenses		. 5b		<u> </u>		
10	′	Gain or (lo	ss) fron	m sale of assets other than I	nventory (Subtract I	ine 5b from line 5	ia)	5c		
AUG OS 2016	6	Special even	ts and ac	ctivities (complete applicable parts o	f Schedule G). If any amo	ount is from gaming, o	heck here D	3.		
٥- ١	a			ot including \$						
9	i			1)				-		
₹"		•					<del></del>	┥ ╌┃		
	b		•	enses other than fundraising	•	· — — — — — — — — — — — — — — — — — — —		6c		
Ш	_c			oss) from special events and		1 1	oa)	50	-	
Z	7a			ventory, less returns and allo			***************************************			
3	b	Less: cost				7b				
SCANNED	C			oss) from sales of inventory (	Subtract line 7b from	m line 7a)		7c		
Š	8	Other reve					)	8		
	9	Total reve	enue. A	Add lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8	<u></u>	<u> ▶</u>	9		98905
	10	Grants an	d sımıla	ar amounts paid (attach sche	edule)			10		14400
	11	Benefits p	aid to c	or for members				11		
ď	12	Salaries, o	other co	ompensation, and employee	benefits			12		
Repeated	13			and other payments to inde				13		2276
9	14			, utilities, and maintenance				14		
ů.	ົ່   15		-	tions, postage, and shipping				15		1658
	16	٠.,		(describe ► Meeting Expen			,	16		72574
	17	-		Add lines 10 through 16 .			, , , , <del> </del>	17		90908
_	40	Evenes or	(deficit	t) for the year (Subtract line 1	17 from line 9)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	18		7997
o da	19			nd balances at beginning of						
Ü	3] '			e reported on prior year's re				19		125295
Not Accote	[]	-	_	· · · · · · · · · · · · · · · · · · ·				<del></del>		
	20		_	net assets or fund balances	•	•		20		0
	21	Net asset	s or tun	d balances at end of year. C	combine lines 18 thr	ougn 20		21	d of Form O	133292
4	Part II	Balanc	e Snee	ets. If Total assets on line 2		1,250,000 or more				
				(See the instructions for I	•		(A) Beginning o		(B) End of	<del></del>
				nvestments			1	25295		133292
									23	0
	24 O	ther assets	(describ	be ▶		)			24	0
2	25 Te	otal assets					1	25295		133292
2	26 To	otal liabilitie	es (desc	cribe ►		)			26	0
9	7 N	et assets o	r fund f	balances (line 27 of column	(B) must agree with	n line 21)	1 1	25295	27	133292



Dar	Statement of Program Service Accom	plishments (See the instru	ections for Part II	1)		Expenses	
Part III Statement of Program Service Accomplishments (See the instructions for Part III.)  What is the organization's primary exempt purpose? Environmental Education (Re							
Wha	What is the organization's primary exempt purpose? Environmental Education Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
Desc	cribe what was achieved in carrying out the org	f across benefited and a	ses. III a ciear ai	na concise		)(3) and 501(c)(4) izations and section	
	ner, describe the services provided, the number of	or persons benefited, and c	otner relevant into	rmation for	4947(	a)(1) trusts; optional	
	program title.				for ot	hers)	
28	Conference and meetings for members, environmen	tal education and profession	al development				
	Average meeting attendance EA						
	Conference attendance - 310						
		28a	72574				
	2 College Scholarships, 2 Adopt-A-School Grants (E	includes foreign grants, chi	CONTINUE	. ▷ 凵	200	12314	
29							
	3 High School Science Fair Winners - Awards						
	(Grants \$14400) If this amount	includes foreign grants, che	eck here	<u>.</u> ▶ □	29a	14400	
30	Professional service fees - speaker fees for meetings	s and fees for website develo	pment and mainter	nance			
	Persons benefitting from speaker fees include meeti	ng attendees detailed above					
	Persons benefitting from website include all persons		ociation info displa	aved	1 1		
		includes foreign grants, che			30a	2276	
~-					Jua	2210	
31	Other program services (attach schedule)						
		includes foreign grants, chi			31a		
32	Total program service expenses (add lines 28a t			<u> </u>	32	 <del></del>	
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted (See the	ınstruc	tions for Part IV.)	
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense	
	, (a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians & i rsation	account and other allowances	
Mich	ael Vince						
	4 Haymarket Ave, Baton Rouge, LA 70816	Chair - 2 hrs	0		0	0	
				<del></del>		ļ	
	Roussel	Vice-Chair - 2 hrs				_	
PO E	Sox 150, Bldg 3502, Plaquemine, LA 70764		0		0	0	
Clau	dia Nethery	Secretary - 1 hr					
3500	N. Causeway Blvd. Ste 900, Metairie, LA 70002	Secretary - 1 III	0	1	0	0	
Raqı	uel Murphy						
365 (	Canal St., Ste 2760, New Orleans, LA 70130	Treasurer - 2 hrs	0		0	0	
	el Wolf						
	8ox 457, Geismar, LA 70734	Director - 1 hr	0	}	o	0	
	e Leche	Director - 1 hr					
PO E	Box 551, Baton Rouge, LA 70821		0		0	0	
Doris	s Grego	Director - 1 hr					
560 F	dwy 44, LaPlace, LA 70068	Director - 1 III	0	ì	0	0	
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var.	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		✓
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.		1.7.	14.
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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 0	,,,		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	8 /14   \$2   \$30 	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		ا التياري التيارية
39	Section 501(c)(7) organizations. Enter:		) 	
а	Initiation fees and capital contributions included on line 9	'	. " " () () . 	
b	Gross receipts, included on line 9, for public use of club facilities			- 1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1.05	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		' -	
Ь	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			ـ ــــــــــــــــــــــــــــــــــــ
	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	5 to 10-	<b>V</b>
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			1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			31-11 31-11
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	ات شد	1
41	List the states with which a copy of this return is filed. ▶ Louisiana			
42a	The organization of books are in date of a state of the s	04-56	1-656	3
	Located at ▷ 365 Canal Street, Suite 2760, New Orleans, LA 70130 ZIP + 4 ▷	70130	-1112	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No
	account)?	42b		✓
	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	£	: v - 1,5-	- 1 ()
	and Financial Accounts.	1.3	27	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		
Ū	If "Yes," enter the name of the foreign country:		·——	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		i	> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-		
	Form 990-EZ	44		<b>1</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>√</b>
	For	, 99r	)-F7	(2000)

Part,	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt charitab table trusts mus	le trusts only. A t answer questio	ll sec ns 46	tion 5–491	0
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46	 	1
47	Did the organization engage in lobbying activities	- · · · · · · · · · · · · · · · · · · ·		<i></i> .	47		1
48	Is the organization a school as described in secti			E	48		<b>√</b>
	Did the organization make any transfers to an e				49a 49b	<u> </u>	<b>-</b> ✓
	If "Yes," was the related organization a section Complete this table for the organization's five h					es an	d kay
00	employees) who each received more than \$100						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Exper	nse and
		·					
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	(a) Name and address of each independent contracto	r paid more than \$100,000	(b) Typ	pe of service	(c) Coi	mpens	ation
d	Total number of other independent contractors	each receiving over \$100,00	00 . ▶				
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accompan n of preparer (other than officer) is b	ying schedules and sta ased on all information	tements, and to the bes of which preparer has a	t of my	knowl wledg	edge e
Sign Here	Signature of bifficer  Raquel J Murphy, Treasurer, LA Section Type or print name and title	iply 1 A&WMA		May 3	. 6	<u>0</u>	10
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	nber (Se	e instrud	tions)
Use On	I Firm shame for A		EIN Ph	N ► one no ►			
May th	e IRS discuss this return with the preparer show	n above? See instructions	· · · · · ·	<b>&gt;</b> _	Yes m <b>99</b>		<b>No</b> (2009)

### **SCHEDULE A**

(Form '990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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

Name of the organization

Employer identification number

_		na Section P								12 -		231000
Pa		Reason	for Public Ch	arity Stat	us (All or	ganızatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.
The	orga	inization is n	ot a private foun	dation beca	ause it is:	(For lines	1 throug	gh 11, ch	eck only	one box	.)	
1			onvention of chu									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3			r a cooperative l					ın sectio	n 170(b)	(1)(A)(iii).		
4	$\bar{\Box}$											)(A)(iii). Enter the
			me, city, and st									
5					of a colle	ge or uni	versity ov	wned or d	perated	by a gov	ernmenta	l unit described in
		_	(b)(1)(A)(iv). (Co			•	•		•	, ,		
6			ate, or local gov			ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	).	
7		-			-							the general public
•		•	section 170(b)			•			9			<b>9 p</b>
8			y trust described		•	•	Complete	Part II)				
9									m contrib	outions, n	nembersh	ip fees, and gross
		receipts from	n activities relate	ed to its exe	empt funct	tions—su	bject to	certain ex	ceptions	s, and (2)	no more	than 331/3 % of its
											1 511 tax)	from businesses
		acquired by	the organization	after June	30, 1975.	See sec	tion 509(	(a)(2). (Cd	omplete f	art III.)		
10		An organizat	tion organized ai	nd operated	d exclusive	ely to test	t for publ	ic safety.	. See sec	tion 509	(a)(4).	
11												r to carry out the
		purposes of	one or more pul	blicly suppo	orted organ	nizations	describe	d ın secti	on 509(a	)(1) or se	ction 509(	(a)(2). See section
		509(a)(3). Ch	neck the box tha	at describes	the type	of suppo	rting orga	anızation	and com	iplete line	es 11e thr	ough 11h.
		a 🗌 Type	l b [.	] Type Ii	c	: 🗌 Typ	e III-Fun	ctionally	integrate	d	d□	Type III-Other
е		By checking	this box, I cert	tify that the	organizat	tion is no	t control	led direc	tly or inc	directly b	y one or	more disqualified
		persons other	er than foundatio	n managers	s and othe	r than on	e or more	publicly	supporte	ed organi:	zations de	escribed in section
		509(a)(1) or	section 509(a)(2)	•								
f		If the organi	zation received	a written d	determinati	on from	the IRS	that it is	а Туре	I, Type II	, or Type	III supporting
			, check this box									🗆
g		Since Augus	t 17, 2006, has	the organiz	ation acce	epted any	gift or c	ontributio	on from a	any of the	•	
		following pe	rsons?									<del></del>
			n who directly or						th persor	ns descri	bed in (ii)	Yes No
		and (III) b	elow, the gover	ning body (	of the supp	ported or	ganizatıo	n? .				11g(i)
			member of a pe									11g(ii)
			ontrolled entity									11g(iii)
h			following informa	ation about	the suppo	orted org	anizationi	(s)		·		
(1)		of supported	(ii) EIN	(iii) Type of o			organization		ou notify		Is the	(vii) Amount of support
	016	anızatıon	(described on lines 1–9 above or IRC section		in col (i) listed in your governing document?		col (i) of your		organization in col (i) organized in the		зарроге	
				(see instr	ructions))			———·	port?	<del> </del>	S?	
						Yes	No	Yes	No	Yes	No	
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			r - (, , , )	1.2		1.7		10	I `.	1 -	14.00	

Total

Pai	'Support Schedule for Org (Complete only if you chec	janizations I ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support			·			
	lendar 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")				i		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	, , , , , , , , , , , , , , , , , , ,	<del></del>	<u> </u>	<del></del>	<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
_6_	Public support. Subtract line 5 from line 4.	<u> </u>	# 1 . 5 'm2' 1. [7/6]	- white the beautiful	La to Topics of	» <u></u>	
	tion B. Total Support	( ) 2005	(1-) 0000	(-) 0007	(-1) 0000	( ) 0000	(0 T . 1
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					<del></del>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 ,	4		2 3 3 5 5		2-14-5-1	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>	nd, third, fourth			
	tion C. Computation of Public Su			4 1 (0)			
14	Public support percentage for 2009 (line					15	<u>%</u> %
15	Public support percentage from 2008 Scl					<del></del>	
16a	33% % support test—2009. If the organiand star here. The expensation gualifies			•		•	
	and stop here. The organization qualifies as a publicly supported organization						
D	box and stop here. The organization qua						
170							
174	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain ın Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	acts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. bly supported or	Explain in Part ganization .	IV how the
18	Private foundation. If the organization did	I not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see ins	tructions 🕨 🔲

(f) Total

Section A. Public Support

Calendar year (or fiscal year beginning in)

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

(a) 2005

(b) 2006

(c) 2007

(d) 2008

(e) 2009

grants. contributions. membership fees received. (Do not include 5823 21870 10608 7267 7342 52910 any "unusual grants.") . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 70118 71039 91329 42653 62124 337263 organization's tax-exempt purpose . . . Gross receipts from activities that are not an 0 0 0 0 0 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 O 0 its behalf . . . . . . . . . The value of services or facilities furnished by a governmental unit to the 0 0 n n 0 organization without charge 48476 83994 80726 78306 98671 390173 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 0 0 0 0 0 0 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 0 0 amount on line 13 for the year 0 n 0 0 0 0 c Add lines 7a and 7b . . . . . Public support (Subtract line 7c from 390173 line 6) Section B. Total Support (b) 2006 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (e) 2009 (f) Total 48476 83994 80726 78306 98671 390173 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 2239 2343 1120 234 1373 7309 sources . . . . . . b Unrelated business taxable income (less section 511 taxes) from businesses 0 0 n acquired after June 30, 1975 1120 1373 2239 2343 234 7309 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly 0 0 O 0 n 0 carned on Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 (Explain in Part IV.) . . . . . . Total support. (Add lines 9, 10c, 11, 397482 49849 86233 83069 79426 and 12.) . . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . 15 % Public support percentage from 2008 Schedule A, Part III, line 15 97 16 % Section D. Computation of Investment Income Percentage 2 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 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%%, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗵 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/8%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Schedule A (Fo	orm 990 or 990-EZ) 2009	Page 4
Párt IV	Supplemental Information. Complete this part to provide the explanations request II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	urred by Part II, line 10; ition. See instructions.
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