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# 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 reporting requirements

OMB No 1545-1150

2009

**Open to Public** Inspection

|                 | rtment of t<br>al Revenu | the Treasury  |             |                |                                     | an \$1,250,000 at the<br>ve to use a copy of th |                     |              |                        | nents       |                 |        | nspectio              | on           |
|-----------------|--------------------------|---|-------------|----------------|-------------------------------------|---|---------------------|--------------|------------------------|-------------|-----------------|--------|-----------------------|--------------|
|                 |                          | 2009 calenda  | ar vear.    |                |                                     |   |                     | 2009, an     |                        |             |                 | -      | , 20                  |              |
| _               | heck if ap               | 1   | Please      | C Name of o    |                                     |   | . 1                 |              |                        | D Empl      | over id         | entıfi | cation number         |              |
|                 | Address c                |   | use IRS     | Societ         | $\int_{\alpha}^{\beta} A^{(\beta)}$ | herrica N                                       | Whares E.           | 0 430        |                        | 91          |                 |        | 6809                  | -            |
|                 | Name cha                 | ss change use IRS label or change   Use IRS label or Change   Number and street (or PO box, if mail is not delivered to street address)   Room/suite   ET |             |                |                                     |   |                     |              | elephone number        |             |                 |        |                       |              |
| =               | nıtıal retu              |   | type<br>See | 10. Bo         |                                     | _   | <b>O</b>            | 4            |                        | 706         | (- 47           | 7      | -8020                 |              |
| =               | Terminate                |   | Specific    |                |                                     | ry, and ZIP + 4                                 |                     |              |                        |             | oup Exemption _ |        |                       |              |
| =               | Instruct C (1)           |   |             |                |                                     |   |                     | mber > 1278  |                        |             | -               |        |                       |              |
| <u> </u>        |                          |   |             |                |                                     |   |                     |              | 1 C A                  |             |                 |        | Cash A                |              |
|                 | • Sect                   | non son(c)(s)   |             |                |                                     | nexempt charitat<br>m 990 or 990-EZ).           |                     | attacn       |                        | specify)    |                 | A      | Cash 🗀 A              | ccruai       |
|                 |                          |   |             | p.o.loa Goille | 1                                   | 000 0. 000 22,                                  | ·                   |              |                        |             | ,               |        |                       |              |
|                 | Vahai4                   |   | 31. 21.     | , same         | mal                                 | a 11  |                     |              |                        | -           |                 | -      | iization is <b>no</b> |              |
|                 | Vebsit                   |   |             |                |                                     |   | 4947(a)(1) or       | □ <b>507</b> |                        | ed to att   |                 | nea    | ule B (Form 9         | <i>3</i> 90, |
|                 |                          |   |             |                |                                     |   |                     | <u></u> 527  |                        |             | <u> </u>        |        | <b>*</b> 05.000       |              |
|                 | Check                    |   |             |                |                                     | (a)(3) supporting or                            |                     |              |                        |             |                 |        | nan \$25,000.         | Α            |
|                 |                          |   |             |                |                                     | the organization of                             |                     |              |                        |             |                 | urn    | 72 199                |              |
|                 | art I                    |   |             |                |                                     | pts, if \$500,000 or r                          |                     |              |                        |             | stions          | ·for   | 22/1//                |              |
|                 |                          |   |             |                |                                     | s in Net Asset                                  |                     | aiances      | (See the               | msuu        |                 | 101    |                       |              |
|                 | 1                        |   | _           | -              |                                     | mounts received                                 |                     |              |                        |             | 1               |        | 8,638                 |              |
|                 | 2                        | _   |             |                |                                     | rnment fees and                                 | contracts .         |              |                        | • • •       | 2               | _5     | 1,831                 |              |
|                 | 3                        |   | •           | and assess     | sments .                            |   |                     |              |                        | • •         | 3               |        | 2,604                 |              |
|                 | 4                        | Investment  |             |                |                                     |   |                     |              | /                      |             | 4               |        | 123                   |              |
|                 | 5a                       |   |             |                |                                     | than inventory                                  |                     | <u>5a</u>    |                        |             |                 |        |                       |              |
|                 | b                        |   |             | er basis and   |                                     |   |                     | 5b           | _ <i></i>              |             | شت              |        | d                     |              |
| Ф               | C                        |   |             |                |                                     | nan inventory (Su                               |                     |              |                        |             | 5c              |        | <u> ,v</u>            |              |
| ZUIU<br>Revenue | 6                        |   |             |                |                                     | arts of Schedule G)                             | t any amount is tro | m gaming     | , check here           | <b>L</b>    | 7               |        |                       |              |
| ⊇ઙ્ર            | a                        | Gross reve  | nue (no     | ot including   | \$                                  | of  | contributions       |              |                        |             | $\Xi_{\lambda}$ |        |                       |              |
| ુહ              |                          | reported o  |             | ,              |                                     |   |                     | 6a           | _ <i>D_</i> _          |             |                 |        |                       |              |
| ∌               | b                        |   |             |                |                                     | sing expenses                                   |                     | 6b           | _Ø_                    |             | اعتند           |        | d                     |              |
| <b>≕</b>        | С                        |   |             |                |                                     | and activities (S                               |                     | from line    | e 6a)                  |             | 6с              |        | 9                     |              |
| ۸_              | 7a                       |   |             |                | returns and                         | d allowances .                                  |                     | 7a           | _Ø                     |             | 4 1             |        |                       |              |
| Z<br>F          | b                        | Less: cost  | •           |                |                                     |   |                     | 7b           | _ <i>P</i>             |             | 1               |        | A                     |              |
| _               | С                        |   |             |                | es of invent                        | ory (Subtract line                              | e 7b from line 7    | 7a) .        |                        |             | 7c              |        | 9)                    |              |
| ANNED<br>       | 8                        | Other reve  |             | _              |                                     |   |                     |              |                        | )           | 8               |        | Ø                     |              |
| <b>Z</b>        | 9                        |   |             |                |                                     | c, 7c, and 8                                    | RECEN               | /ED          | <u> </u>               | . ▶         | 9               | _ (    | 53,199                |              |
|                 | 10                       |   |             | r amounts p    | -                                   | schedule)                                       | TILOLIN             | LU.          | . ·   · ·              |             | 10              |        | 8,105                 |              |
| ٠.              | 11                       | •   |             | r for membe    |                                     | 101   |                     |              |                        |             | 11              |        | _ <i>D</i>            |              |
| ည်း             | 12                       |   |             | -              | -                                   | oyee benefits'                                  | AUG 1.7.            | 2010 -       | Ö-S                    |             | 12              |        | <i>Ø</i>              |              |
| ر<br>penses     | 13                       |   |             | •              | -                                   | ındependent co                                  | ntractors .         |              | <del> </del>     · · · |             | 13              |        | Ø_                    |              |
| Exp             | 14                       |   |             | utilities, and |                                     | nce   | CDEN                | 117          | /=  · ·                | •           | 14              |        | <u>D</u>              |              |
| Ш               | 15                       |   |             | ons, postag    |                                     |   | rančin,             | <u>u </u>    | 1 . 1                  |             | 15              |        | 159                   |              |
|                 | 16                       | Other expe  | enses (d    | describe 🕨     | before                              | 5 from Prog                                     |                     |              |                        | <u>25</u> ) | 16              | 3      | <del></del>           |              |
|                 | 17                       |   |             | Add lines 10   |                                     |   | <u> </u>            |              |                        | . ▶         | 17              | 5      | 5,527                 |              |
| ţ               | 18                       |   |             |                |                                     | line 17 from line                               |                     |              |                        |             | 18              |        | 7,672                 |              |
| Net Assets      | 19                       | Net assets  | or fun      | id balances    | at beginnir                         | ng of year (from                                | line 27, colum      | nn (A)) (n   | nust agree             | with        |                 |        | · /                   |              |
| ĕ               |                          |   |             |                |                                     | 's return) , .                                  |                     |              |                        |             | 19              |        | 5,166                 |              |
| ě               | 20                       |   |             |                |                                     | inces (attach exp                               |                     |              |                        |             | 20              |        | Ø                     |              |
|                 | 21                       | Net assets  | or fund     | d balances a   | at end of ye                        | ar. Combine line                                | s 18 through 2      | <u> 0</u>    |                        | . ▶         | 21              |        | <u> LZ, &amp;38</u>   | <u> </u>     |
| Р               | art II                   | Balance   | Shee        |                |                                     | ne 25, column (E                                | 3) are \$1,250,0    | 00 or mo     |                        |             |                 | d of   |                       |              |
|                 |                          |   |             | •              |                                     | for Part II)                                    |                     |              | (A) Beg                | ginning of  | year            |        | (B) End of year       |              |
| 22              |                          |   |             |                |                                     |   |                     |              | 6                      | 5, 16       |                 | 22     | 72,83                 | 8            |
| 23              |                          | and and build   | dings .     |                |                                     |   |                     |              |                        | 10          |                 | 23     | <b>9</b>              |              |
| 24              | l Ot                     | ther assets (   | describ     | ne ►           |                                     |   |                     |              | )                      | Ø           |                 | 24     | <u>ø</u>              |              |
| 25              |                          | otal assets .   |             |                |                                     |   |                     |              | 65                     | 5.166       | <u> </u>        | 25     | 72,8                  | 38           |
| 26              |                          | otal liabilitie   |             |                |                                     |   |                     |              | ) [                    | Ø           | I               | 26     | 9                     |              |
| 27              | 7 Ne                     | et assets or  | fund b      | palances (lin  | ne 27 of col                        | umn (B) <b>must</b> ag                          | ree with line 2     | 1)           | 6:                     | 5, 166      | $\zeta^{}$      | 27     | 72,83                 | 8            |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Cat No 106421

| _    |  |  |                     |  |         |   |
|------|--|--|---------------------|--|---------|---|
|      | Statement of Program Service Accom                 |  |                     |  |         | Expenses                                    |
| What | t is the organization's primary exempt purpose? F  | nomate Engineening S   | point Far Nato      | nal Security                                     |         | ired for section                            |
| Desc | ribe what was achieved in carrying out the org     | anization's exempt purpo   | ses. In a clear a   | nd concise                                       |         | )(3) and 501(c)(4)                          |
| manr | ner, describe the services provided, the number of | f persons benefited, and o   | other relevant info | rmation for                                      |         | izations and section a)(1) trusts, optional |
| each | program title.                                     |  |                     |  | for ot  |   |
| 28   | Education de les la                                | and the Contraction  | (1)                 |  |         |   |
| 20   | Educational entreach and schola                    |  |                     | college  |         |   |
|      | Students, and Scholanship c                        | 1/ KOIC and mill   | dan camo            | )  |         | 10 105                                      |
|      | panticipants                                       | ٦  |                     |  |         | 18,105                                      |
|      | (Grants \$ ) If this amount                        | includes foreign grants, ch  | eck here            | . ▶ 🗍  | 28a     |   |
| 29   |  | a presentations  | 0.0                 |  |         |   |
|      |  | 1 -1 1   |                     | m M  |         |   |
|      | · · · · · · · · · · · · · · · · · · ·              | o military and   | ancipiecto          | pre  |         | 11,795                                      |
|      | engineers to membership, the                       |  |                     | eving  |         | 11) / 10                                    |
|      | (Grants \$ ) If this amount                        | includes foreign grants, ch  | eck here            | . ▶0□  | 29a     |   |
| 30   | Design Excellence recognition                      | d and awards   | alminatin           | R IN   |         |   |
|      | the annual Design Estellen                         |  | 4.7                 | J  |         |   |
|      | 12.2   | 2.194.495  | MT                  | <del>*</del>                                     |         | 20,022                                      |
|      | (Oranta C  |  |                     |  | ا ما    | •   |
|      |  | includes foreign grants, ch  | eck nere            | ₽ ⊔  | 30a     |   |
| 31   | Other program services (attach schedule)           |  |                     |  |         | ď   |
|      | (Grants \$ ) If this amount                        | includes foreign grants, chi   | eck here            | . ▶ 🗆  | 31a     | صر  |
| 32   | Total program service expenses (add lines 28a t    |  |                     | 🕨  | 32      | 49,922                                      |
|      | List of Officers, Directors, Trustees, and Key     |  | ven if not compense | ated (See the I                                  |         | tions for Part IV                           |
|      |  | (b) Title and average  | (c) Compensation    | (d) Contribution                                 |         | (e) Expense                                 |
|      | (a) Name and address                               | hours per week   | (If not paid,       | employee benefit                                 | plans & | account and                                 |
|      |  | devoted to position  | enter -0)           | deferred comper                                  | sation  | other allowances                            |
| R    | ck Beselen   | President 4 hrs  | /                   | /  |         |   |
|      | ¬  | ,  | <b>/</b>            | Ø  |         | P   |
| (()  | 1            | 15 Vice Physiden,  |                     | +  |         | ············                                |
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|      | 0  | 9 103,   |                     |  |         |   |
|      | PT Mike wewen                                      | 2nd Vice Knesident,  |                     | 6  |         | d.  |
|      | <u></u>  | Hhns   | $\mathcal{D}$       | 0  |         | Ø   |
| Jo   | 1 Chen   | Young member   | /                   |  |         |   |
|      | , , ,  | Vice President, 4 Lis  | Ø                   | Ø  |         | Ø   |
| T.   | J. C   | 7111   |                     | <del></del>                                      |         |   |
| 7.00 | Numarie regers                                     | Secretary, 4hus  | 6                   | 1 6  |         | Ø   |
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| 74   | son Strayen  | Isst. Secnedary,   | ~/                  | 1  |         |   |
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|      | ·  | 9 hrs  | ,                   | 10   | l       |   |
| Jo   | hn Souza   | 2009 Director,   | ~/                  | 1  | ľ       | d   |
|      | `  | مادي   | Ø                   | Ø  |         | Ø   |
| 137  | b Panken   | 2009 Dinewoon,   |                     | <u> </u>   |         |   |
| 120  | 7 1 000,000  | 2007 0113000000  | Ø                   | Ø  |         | Ø   |
|      | ne 2.1 c 11  | Immediate Post<br>President, 4 hrs<br>Apported Director,<br>4 hrs  | ·                   | <del>-</del>                                     |         |   |
|      | PT 305 Schlesinger                                 | Immedially Post  | 4                   | 16   |         | Ø   |
|      | ,  | President, 4 hrs   | Ø                   |  |         | $\boldsymbol{\nu}$                          |
| CJ   | PT Part PLIOS                                      | Inanded Diversion  |                     | 1  |         |   |
|      |  | Application of the state of the | Ø                   | 9  |         | Ø   |
| R.V  | S Enic Davis                                       | 1 - and Daniel   |                     |  |         |   |
| יטעי | DEVELO (CAUIS                                      | Appointed Director,  | 6                   | 0  |         | Ø   |
|      |  | anves  |                     |  |         |   |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.)  |  |                   |   |
|------|--|--|-------------------|---|
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed  |  | Yes               | No                                      |
|      | description of each activity   | 33                                       |                   | X                                       |
| 34   | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34                                       |                   | X                                       |
| 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                                      |                   | X                                       |
| ь    | 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                                       |                   | X                                       |
| 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                                      |                   | X                                       |
| 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                                      | ٠.                | X                                       |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   |  | ,                 |   |
| 39   | Section 501(c)(7) organizations. Enter:  | 1 . 1                                    | , ž , _           | ., 194,3                                |
| а    | Initiation fees and capital contributions included on line 9   | 1.33                                     | <u>.</u>          | 37.54                                   |
| 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 ▶   | 3 ,                                      |                   | , , ,                                   |
| 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                      | <u>- 44 - </u>                           |                   | لنست                                    |
|      | 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                                      |                   | X                                       |
| C    | 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  | ار به در بها<br>در به<br>در به           | eri<br>Eri        | * |
| d    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   | 大· 1000000000000000000000000000000000000 | 12 J              |   |
| e    | 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                                      | (4 <sub>2</sub> ) | X                                       |
| 41   | List the states with which a copy of this return is filed. ▶   |  |                   |   |
| 42a  | The organization's books are in care of ► Michael Royands U  Telephone no. ► 206  Located at ► 400 N 341151 Southle NA  ZIP+4 ► 981  | 5-65<br>102                              | 15-6              | 585                                     |
| 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  | _  | Yes               | No                                      |
|      | account)?  | 42b                                      |                   | X                                       |
|      | If "Yes," enter the name of the foreign country: ▶   | 4 2 2 2                                  | <b>英</b>          |   |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |  |                   | 4.4.4<br>6.1.1                          |
| С    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c                                      |                   | X                                       |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  |  |                   | ▶ □                                     |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  |  | 0                 |   |
|      |  | :  | Yes               | No                                      |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   |  |                   |   |
|      | Form 990-EZ  | 44                                       |                   | X                                       |
| 45   | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45                                       | ·                 | X                                       |
|      |  |  | <br>)_E7          | <u> </u>                                |

| Form 990-    | EZ (2009)   |   |                                    |  |                         | Page 4      |
|--------------|---|---|------------------------------------|--|-------------------------|-------------|
| Part V       | Section 501(c)(3) organizations and s<br>501(c)(3) organizations and section 494<br>and complete the tables for lines 50 and                        | section 4947(a)(1) none<br>17(a)(1) nonexempt chari<br>ad 51. | xempt charital<br>table trusts mus | ole trusts only. A<br>st answer question         | II section<br>ons 46-49 | <br>}b      |
| 46           | Did the organization engage in direct or indirect   | political campaign activities                                 | es on behalf of o                  | r in opposition to                               | Yes                     | s No        |
|              | candidates for public office? If "Yes," complete  |   |                                    |  | 46                      | X           |
|              | Old the organization engage in lobbying activities  |   |                                    |  | 47                      | X           |
|              | s the organization a school as described in section   |   |                                    | eE   | 48                      | +           |
|              | Old the organization make any transfers to an ex  |   | ū                                  |  | 49a                     | 14_         |
|              | f "Yes," was the related organization a section 5<br>Complete this table for the organization's five hi   |   |                                    |  | 49b                     |             |
| 50 (         | employees) who each received more than \$100,0  | gnest compensated emplo<br>000 of compensation from           | the organization                   | officers, directors, the                         | trustees a<br>ter "None | na key      |
|              | (a) Name and address of each employee paid more   | (b) Title and average hours per week                          | (c) Compensation                   | (d) Contributions to<br>employee benefit plans & | (e) Expe                | ense<br>and |
|              | than \$100,000  | devoted to position   |                                    | deferred compensation                            | other allow             | /ances      |
|              | IONE  |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    | <u> </u>   |                         |             |
| f 7          | Total number of other employees paid over \$100   | ),000   |                                    | _  |                         |             |
|              | Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor | n. If there is none, enter "N                                 | one."                              | ype of service                                   | (c) Compen              |             |
|              | DNE   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   | ***************************************                       |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
|              |   |   |                                    |  |                         |             |
| d            | Total number of other independent contractors e   | each receiving over \$100,00                                  | 00▶                                |  |                         |             |
|              | Under penalties of penuny I declare that I have examine   | ad this return, individual accompan                           | ving schodulos and st              | atemants, and to the hos                         | of my know              | wledge.     |
|              | Under penalties of perjury, I declare that I have examini and belief, it is true, correct, and complete Declaration                                 | of preparer (other than officer) is b                         | pased on all informatio            | n of which preparer has                          | any knowled             | ge          |
| Sign<br>Here | Signature of officer  Date  |   |                                    |  |                         |             |
|              | Michael Reynolds Type or print name and title   | , Treasmen  |                                    | Date V   |                         |             |
| Paid         | Preparer's  | Date  | Check if self-                     | Preparer's identifying nur                       | nber (See instr         | uctions)    |
| Prepare      | r's Signature   |   | employed ▶ L                       | 1  |                         |             |
| Use Onl      | y Firm's name (or yours if self-employed), address, and ZIP + 4   |   | E                                  | IN ▶   |                         |             |
| May the      | e IRS discuss this return with the preparer show  | above? See instructions                                       | · · · · ·                          |  | Yes 🗆                   | No          |
|              |   |   | <del></del>                        | Fo   | m 990-E                 |             |

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Mildows 6056809 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An organization that normally receives (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 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). 10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col above or IRC section col (i) of your (i) organized in the governing document? (see instructions)) support? US? Yes Yes Yes No

Total

| Par     | (Complete only if you chec   | anizations [<br>ked the box             | Described in on line 5, 7,         | Sections 17<br>or 8 of Part I | 0(b)(1)(A)(iv)<br>)                       | and 170(b)(1                 | )(A)(vi)       |
|---------|--|---|------------------------------------|-------------------------------|---|------------------------------|----------------|
| Sec     | tion A. Public Support   |   |                                    |                               | -   |                              |                |
| Ca      | lendar year (or fiscal year beginning in) 🕨  | (a) 2005                                | <b>(b)</b> 2006                    | (c) 2007                      | (d) 2008                                  | (e) 2009                     | (f) Total      |
| 1       | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |   |                                    |                               |   |                              |                |
| 2       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |   |                                    |                               |   |                              |                |
| 3       | The value of services or facilities furnished by a governmental unit to the organization without charge  |   |                                    |                               |   |                              |                |
| 4       | Total. Add lines 1 through 3   |   |                                    |                               |   |                              |                |
| 5       | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)        |   | , , , ,                            |                               |   |                              |                |
| 6       | Public support. Subtract line 5 from line 4.   | ( · ' · · · · · · · · · · · · · · · · · |                                    | - 2                           | 1 13                                      | -                            |                |
| Sec     | tion B. Total Support  |   |                                    |                               |   | <u> </u>                     |                |
|         | lendar year (or fiscal year beginning in) 🕨  | (a) 2005                                | <b>(b)</b> 2006                    | (c) 2007                      | (d) 2008                                  | (e) 2009                     | (f) Total      |
| 7       | Amounts from line 4  |   |                                    |                               |   |                              |                |
| 8       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |   |                                    |                               |   |                              |                |
| 9       | Net income from unrelated business activities, whether or not the business is regularly carried on   |   |                                    |                               |   |                              |                |
| 10      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |   |                                    |                               |   |                              |                |
| 11      | Total support. Add lines 7 through 10 .  | 1. 1                                    | . 4                                | . ,                           | t care in a                               |                              |                |
| 12      | Gross receipts from related activities, etc  | •                                       | •                                  |                               |   | 12                           | ·              |
| 13      | First five years. If the Form 990 is for organization, check this box and stop he  | re                                      | <u> </u>                           | nd, third, fourth             |   |                              | on 501(c)(3)   |
| Sec     | tion C. Computation of Public Su   |   |                                    |                               |   |                              |                |
| 14      | Public support percentage for 2009 (line   | • • •                                   | •                                  | 1, column (f))                |   | 14                           | <u>%</u>       |
| 15      | Public support percentage from 2008 Sc   |   |                                    |                               |   | 15                           | <u>%</u>       |
| 16a     | 33⅓ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization |   |                                    |                               |   |                              |                |
| b       | 33% % support test—2008. If the organic box and stop here. The organization quality  |   |                                    |                               |   |                              | _              |
| 17a     | 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum   | acts-and-circui                         | mstances" test,                    | check this box                | and stop here                             | . Explain in Part            | IV how the     |
| b<br>18 | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "corganization meets the "facts-and-circumstance" Private foundation. If the organization did                                | facts-and-circun<br>ances" test. The    | nstances" test,<br>organization qu | check this box a              | and <b>stop here.</b><br>cly supported or | Explain in Part ganization . | IV how the ▶ □ |

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

| Sec            | tion A. Public Support  | <u> </u>        |                 | u ,              |                      | <del></del>       |                     |
|----------------|---|-----------------|-----------------|------------------|----------------------|-------------------|---------------------|
|                | elendar year (or fiscal year beginning in)  | (a) 2005        | <b>(b)</b> 2006 | (c) 2007         | (d) 2008             | (e) 2009          | (f) Total           |
| 1              | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | ø               | Ø               | Ø                | Ø                    | Ø                 | Ø                   |
| 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. | 32,822          | 31,610          | 32,849           | 40,269               | 49,941            | 187,491             |
| 3              | Gross receipts from activities that are not an unrelated trade or business under section 513  | Ø               | Ø               | Ø                | 萝                    | Ø                 | Ø                   |
| 4              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | Ø               | ß               | Ø                | Ø                    | Ø                 | ø                   |
| 5              | The value of services or facilities furnished by a governmental unit to the organization without charge   | Ø               | Ø               | Ø                | Ø                    | Ø                 | Ø                   |
| 6              | Total. Add lines 1 through 5  | 32,822          | 31,610          | 32,849           | 40,269               | 49,941            | 187,491             |
| 7a             | Amounts included on lines 1, 2, and 3 received from disqualified persons .  | Ø               | 0               | 8                | Ø                    | Ø                 | 8                   |
| <b>b</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            | Ø               | Ø               | ø                | ø                    | Ø                 | ø                   |
| c.             | Add lines 7a and 7b   | Ø               | Ø               | 0                | Ø                    | 8                 | 0                   |
| 8              | Public support (Subtract line 7c from line 6.)  |                 |                 |                  |                      |                   | 187,491             |
|                | tion B. Total Support   |                 |                 |                  |                      |                   |                     |
| Ca             | elendar year (or fiscal year beginning in)  | (a) 2005        | <b>(b)</b> 2006 | (c) 2007         | (d) 2008             | (e) 2009          | (f) Total           |
| 9              | Amounts from line 6   | 32,822          | 31,610          | 32,849           | 40,269               | 49,941            | 187,491             |
| 10a            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 371             | 124             | 158              | 207                  | 123               | 983                 |
| b              | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | Ø               | Ø               | Ø                | 8                    | Ø                 | <i>S</i>            |
| С              | Add lines 10a and 10b   | 371             | 124             | 158              | 207                  | 123               | 983                 |
| 11             | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | ø               | Ø               | Ø                | Ø                    | ø                 | ø                   |
| 12             | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   | 11,740          | 10,205          | 36,073           | 32,853               | 13,135            | 104,006             |
| 13             | Total support. (Add lines 9, 10c, 11, and 12)   | 44,933          | 41,939          | 69,080           | 73,329               | 63,199            | 292,480             |
| 14             | First five years. If the Form 990 is for organization, check this box and stop  | here            | <u> </u>        | nd, third, fourt | h, or fifth tax y    | rear as a section | on 501(c)(3)<br>► □ |
| Sec            | tion C. Computation of Public Su  |                 | <u></u>         |                  |                      |                   |                     |
| 15             | Public support percentage for 2009 (lin   |                 |                 | ne 13, column    | (f)) .               | 15 6              | 4.1 %               |
| 16<br>Sec      | Public support percentage from 2008 stion D. Computation of Investment  |                 |                 |                  | · · · ·              | 16                | 0.7 %               |
|                |   |                 |                 |                  |                      | 47 6              | 7 0/                |
| 17<br>18       | Investment income percentage for 200 Investment income percentage from 20   |                 |                 |                  | olumn (f)) .         | 17 O              |                     |
| 19a            | 33% % support tests—2009. If the org  |                 |                 |                  | <br>and line 15 is r |                   | <del></del>         |
|                | 17 is not more than 33½ %, check this b   |                 |                 |                  |                      |                   |                     |
| b <sub>-</sub> | 331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this   | nzation did not | check a box or  | line 14 or line  | 19a. and line 1      | 6 is more than    | 33½ %. and          |
| 20             | Private foundation. If the organization   |                 |                 |                  |                      |                   |                     |

| schedule A (F | Offi 990 of 990-EZ) 2009                                   |                                       |   |   | Page 🕶                                    |
|---------------|--|---------------------------------------|---|---|---|
| Part IV       | Supplemental Information.<br>Part II, line 17a or 17b; and | . Complete this<br>Part III, line 12. | part to provide the Provide any othe    | ie explanations required radditional information. | by Part II, line 10;<br>See instructions. |
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