

## 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



## Form **990-EZ**

## 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

		he Treasury		▶ The orga	assets less	than \$1,250,000 a	it the end of the year may of this return to satisfy:	y use thr s <i>tate rep</i>	s form. ortina reauirer	nents.			nspection
	al Revenu or the	2009 calendar	vear.						nd ending				. 20
							D Emp	loyer id	lentif	ication number			
	ddress c	hange us	se IRS	T .		E . E .	WOLDERSTS ZA			9	/	313	4117
ף	lame cha		ibel or · rint or	Number and	d street (or P.	O box, if mail is no	ot delivered to street add	iress)	Room/suite	E Tele			
=	nitial retu erminate		/pe. iee	l						ي ورحر	. 9	70	-4549
=	mended	S	pecific	City or town	n, state or cou	Intry, and ZIP + 4				F Gro			
=			nstruc- ons.	1	FALLS		3401				nber I	•	
=_			mania				ritable trusts must a	attach	G Acco				Cash Accrua
	• 3ec	1011 301(0)(3) 01				form 990 or 990		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		r (specify		~_	Odsii C Accida
		<del></del>		· · · · · · · · · · · · · · · · · · ·							<del></del>	organ	nization is not
ı W	/ebsit	e· <b>&gt;</b>							1			-	lule B (Form 990,
		mpt status (ch	eck or	ntv one) — [	7501(c) (	) ◀ (insert n	o.) 4947(a)(1) or	527	- 1	EZ, or 99			
	heck •						ng organization and it	s aross	receipts are	normally	not m	ore t	han \$25,000. A
			-				ion chooses to file a						
							0 or more, file Form 99				<b>S</b>		
Pa	art I	Revenue,	, Exp	enses, a	nd Chan	ges in Net A	ssets or Fund Ba	alance	s (See the	instru	ction	s fo	r Part I.)
	1	Contribution:	s, gift	s, grants,	and simila	r amounts rece	eived				1		
	2						and contracts .				2		
	3										3	7	3270
1	4	Investment in									4		312
	5a	Gross amour	nt froi	m sale of a	assets othe	er than invento	ry	5a					
	ь						·	5b			1 1	1	
ļ	С	Gain or (loss)	) from	sale of as	sets other	than inventor	(Subtract line 5b f	rom lir	ne 5a)		5c		
Revenue	6	Special events a	and acti	ivities (compli	ete applicable	e parts of Schedule	G). If any amount is fro	m gamir	ng, check here	<b>▶</b> □			
ē	а	Gross revenu	ue (no	t including	\$ 32	70	of contributions						
æ				_				6a	40,160	<u> </u>	]		
_	b	Less: direct e	exper	ses other	than fundi	raising expense	es	6b	29 45	9			1
ı	C	Net income of	or (ios	s) from sp	ecial even	ts and activitie	s (Subtract line 6b	from li	ne 6a)		6c		10701
ı	7a	Gross sales	of inv	entory, les	s returns a	and allowances	s	7a	Ø				
	b	Less: cost of	f good	ds sold				7b			]		
ŀ	C	Gross profit	or (los	ss) from sa	ales of inve	entory (Subtrac	t line 7b from line 7	'a) .			7c		<u>D</u>
	8	Other revenu	ab) eı	scribe 🟲					······································	)	8		Ø
	9	Total revenu	ue. Ac	dd lines 1,	2, 3, 4, 5c	<u>, 6c, 7c, and 8</u>	<u> </u>		<u></u>	. ▶	9		14283
I	10	Grants and s	similar	amounts	paid (attac	ch schedule) .					10		8000
	11	Benefits paid									11		·
ě	12	•		-			3				12		
xpenses	13				• •	•	t contractors				13		
	14		•	-							14		
W	15				-						15		<del></del>
-	16	Other expens									16	<u> </u>	0000
	17										17	·	8000
ş	18 19						line 9)				18		6283
Net Assets	19						rom line 27, colum				40		22120
\$							explanation)				19	-	33630
ž		_									20		39913
D.	21 [4] [	Net assets of	r tuno	balances	at end of	year. Combine	lines 18 through 20 nn (B) are \$1,250,00	<u> </u>	oro filo Eo	. Þ	21 Instead		
Гс		All	21/46	7 Un otal	instruction	ns for Part II.)	11 (D) are \$1,230,00	JU UI 11		ginning of		01	(B) End of year
00	_									3630		22	39913
22	Ca	sn, sayings a	125	vegiments	<i>₫</i> · · ·					_		23	37713
23										Ø		24	<del></del>
24 25							<del> </del>			3636		25	39913
25		tai assets . tai liabilities (						• •		Ø		26	2(11
26	No.	iai liabilities ( t accete or fi	ind h	alances /l·	ne 27 of o	olumn (R) mus	t agree with line 21	<u> </u>		3,630		27	39913
41	116	LUGGELG UI IU	41 IU U	ぬ,0,1,000 (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cidinii (D) IIIUS	ragice willi mid 2 i	, .		コノムコレ	<i>/</i>	~ ( )	3 / / ( <b>-</b> /

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

Form 990-EZ (2009)

Cat. No. 106421

Par	Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses									
What	What is the organization's primary exempt purpose? Foucation (Required for section									
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise   501(c)(3) and 501(c)(4)									
manı	ner, describe the services provided, the number o	f persons benefited, and	other relevant info	rmation for		(a)(1) trusts, optional				
each	program title.				for ot					
28	<u> </u>									
					1					
	(Grants \$ 500 ) If this amount	includes foreign grants, ch	ack here	▶ □	28a	रि०००				
29					-00	1000				
25					,					
					) ,					
		includes foreign grants, ch	ook horo	<b>N</b> [7]	29a	1				
20					254	<del></del>				
30										
					[					
	10	includes foreign areat	ook hara		30a					
04		includes foreign grants, ch			SUB					
37	Other program services (attach schedule)	includes foreign grants, ch			34-					
00	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t				31a					
	List of Officers, Directors, Trustees, and Key				32 Instruc	tions for Part IV )				
Pai	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &					
	AY ASTLE	TREASURER	enter -0j	deterred compa	ISAUOII	Other allowances				
بـــــــــــــــــــــــــــــــــــــ	Ay ASTE 5 X 3192 & John 83401	4 Hours	a/	a		Ø				
	5 7/ 3/7/ 2 2/0hs 20 0/901	4 FOURS	F	~						
				}						
<u></u>	1.74	Dast CHAIR		<u> </u>						
ا کے۔	HERY L LODGE BOX 5386 BOXX TO 83707	4 Hours		0		Ø				
10	DOX 7336 BOISE, 10 DOPOF	4 Hours	<del>                                     </del>	<del>                                     </del>						
		CHAIR	f	<del></del>						
ع.لـــ	5 W. Collins Rd BLACKEDS 50	4 Hours	1 0	135		0				
41		4 1405765		- P						
	8322(		İ	1						
λ/	ATAN BROWSON	CHAIR ELEST	<del> </del>	<del> </del>	-					
		4 Hours	6	0		6				
		7 146 5123		1-12-						
	- TOA40 83442			ł						
				1						
				ł						
	<del></del>			<del> </del>		· · · · · · · · · · · · · · · · · · ·				
				}						
			<b>\</b>			i				
				}		I				
		:								
			1	1		_				
				1						
				[						
				1						
			1.	1						
			1							
				<u> </u>						

Part	V Other Information (Note the statement requirements in the instructions for Part V.)			<u> </u>
			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.			
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	] !		
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	36a		-
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
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 ▶		-	
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		Ø
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			<b>-</b>
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		Ø
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ As TZ			549
b	Located at ► 15 1/3192 € To Arto Faces Sto Arto ZIP + 4 ► 83  At any time during the calendar year, did the organization have an interest in or a signature or other authority	40!		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		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 and Financial Accounts.			٠
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_
43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
		لــــ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		/
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		_
		m 990	-F7	(2000)

Part \	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) none 17(a)(1) nonexempt chari ad 51.	xempt chari table trusts r	tal nu:	ole trusts only. Ast answer question	dl sec ons 4	tion 6–491	<b>ɔ</b>
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete s					46		
	Did the organization engage in lobbying activities					47		
	Is the organization a school as described in section					48	ļ,	
	Did the organization make any transfers to an ex					49a	ļ	
b	If "Yes," was the related organization a section 5	27 organization?				49b	L	سب
	Complete this table for the organization's five his employees) who each received more than \$100,000.							
	employees) who each received more than \$100,	(b) Title and average	(c) Compensat		(d) Contributions to		Exper	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation	ac	count a	and
·	than \$100,000	devoted to position			deletted compensation	Otne	allowa	nces
	(¥. 1. Pt.		İ			l		
					<del> </del>	_		
			]		1			
						<del>                                     </del>		
						<u> </u>		
						<u> </u>		
					j	j		
f	Total number of other employees paid over \$100		l		<u> </u>	<u> </u>		
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde	pendent cont	rac	tors who each rec	eived	more	than
	wrot,500 or compensation non-the organization	n. II there is none, enter in	one.					
	(a) Name and address of each independent contractor			a) Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		s) Ty	pe of service	(c) Co	mpens	ation
		paid more than \$100,000		o) Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		s) Ty	pe of service	(c) Co	mpensa	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		s) Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		<b>5)</b> Ty	pe of service	(c) Co	mpensa	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		o) Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		D) Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		<b>)</b> Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000		<b>)</b> Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000	(1)	<b>&gt;)</b> Ty	pe of service	(c) Co	mpens	ation
	(a) Name and address of each independent contractor	paid more than \$100,000	(1)	a) Ty	pe of service	(c) Co	mpensa	ation
	(a) Name and address of each independent contractor	paid more than \$100,000  each receiving over \$100,000	(t)	d st	atements, and to the be	st of m	/ knowl	ledge
d	(a) Name and address of each independent contractor  (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	paid more than \$100,000  each receiving over \$100,000	(t)	d st	atements, and to the be	st of my	y knowl	ledge e
d	(a) Name and address of each independent contractor  (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	paid more than \$100,000  each receiving over \$100,000	(t)	d st	atements, and to the be	st of my	y knowl	ledge e
d	(a) Name and address of each independent contractor  (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	paid more than \$100,000  each receiving over \$100,000	(t)	d st	atements, and to the be	st of my	y knowl	ledge e
d	(a) Name and address of each independent contractor  (b) A Total number of other independent contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractor	paid more than \$100,000  each receiving over \$100,000	(t)	d st	atements, and to the be	st of my	y knowl	ledge e
d	(a) Name and address of each independent contractor  (b) A Section 1 (a) Name and address of each independent contractors of the section 2 (b) Name and address of each independent contractors of the section 2 (c) Name and address of each independent contractors of the section 2 (c) Name and address of each independent contractors of the section 2 (c) Name and address of each independent contractor 2 (c) Name and address of	paid more than \$100,000 each receiving over \$100,00 ed this return, including accompany of preparer (other than officer) is b	ying schedules an	d st	atements, and to the ben of which preparer has	st of my any kno	y knowledge	ledge e
d	(a) Name and address of each independent contractor	paid more than \$100,000  each receiving over \$100,000	ying schedules an ased on all inform	d stratio	atements, and to the be	st of my any kno	y knowledge	ledge e
d	(a) Name and address of each independent contractor  Total number of other independent contractors of the co	paid more than \$100,000 each receiving over \$100,00 ed this return, including accompany of preparer (other than officer) is b	ying schedules an ased on all inform	d sto	atements, and to the ben of which preparer has  Date  Preparer's identifying nu	st of my any kno	y knowledge	ledge e
d	(a) Name and address of each independent contractor  (b) A supplementary of other independent contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractors of the contractor	paid more than \$100,000 each receiving over \$100,00 ed this return, including accompany of preparer (other than officer) is b	ying schedules an ased on all inform	d stro	atements, and to the ben of which preparer has  April 12,  Date  Preparer's identifying num  N	st of my any kno	y knowledge	ledge e
d Sign Here Paid Prepare Use On	(a) Name and address of each independent contractor  (b) A contractor  (c) A contractor  (d) Name and address of each independent contractors of the contractors of the contractors of the contractors of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  (e) Signature of officer  Type or print name and title  Preparer's signature  Firm's name (or	paid more than \$100,000  Pach receiving over \$100,00  and this return, including accompany of preparer (other than officer) is because the page of the	ying schedules an ased on all inform	d stro	atements, and to the ben of which preparer has  Preparer's identifying null  N	st of my any kno	y knowl owledg	ledge 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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	$\mathcal{I}_{\lambda}$	TER M	WATAN Z	PASTITUTE DI	F Fuc	DIE	CHNO	061572	94	3134	1/17
	rt I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school de	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3		A hospital o	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4			medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the espital's name, city, and state:								
5		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, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(	b)(1)(A)(v	).	
7				y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	it or from	the general public
8				d in section 170(b)(1)		Complete	Part II.)				
9	$\square$		-	y receives. (1) more th		-		m contrib	outions, n	nembersh	p fees, and gross
	_			ed to its exempt func							
		support from	n gross investm	ent income and unrent after June 30, 1975.	lated bu	siness ta	xable inc	ome (les	s section		
10			-	nd operated exclusive				•	•	(a)(4)	
11	$\overline{\sqcap}$			and operated exclusive							r to carry out the
•		purposes of	one or more pu	blicly supported orgai	nizations	describe	d in secti	on 509(a	)(1) or se	ction 509	(a)(2) See section
		a Type		_	:				•		Type III-Other
_		• •		tify that the organizat							, ·
•	_	persons other		on managers and othe							
f			zation received, check this box	a written determinati	on from	the IRS	that it is	а Туре	l, Type II	, or Type	III supporting
g		•	-	the organization acce		 . aift or c	ontributi	on from a	· · ·		Ш
9		following pe		the organization acce	pica an	, girt or c	O I II I DO I II	JII 110111 C	any or the	•	
				r indirectly controls, ening body of the sup				h persor		oed in (ii)	Yes No
			=	- :		_	II .				11g(ii)
				erson described in (i) a of a person described		 (u) above					11g(iii)
h			•	ation about the suppo	• • •	• •					(1.36-1)
	Name	of supported	(iı) EIN	(iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amount of
.,		anization	``	(described on lines 1-9	in col (i) listed in your		the organization in		organization in col		support
				above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S?	
				l	Yes	No	Yes	No	Yes	No	
					ļ	<b> </b>					
									ļ		
			-								<del></del>
Tota	11				Ì	1 :		1	I		

Par	(Complete only if you check					and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support						
Ça	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			<u> </u>	1.		
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 6	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					<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	(2)	(,,	<u></u>		(-,	<b>(,)</b>
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 .		<u> </u>			ļ	
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 tion C. Computation of Public Su	re		id, third, fourth	i, or fifth tax y	rear as a section	on 501(c)(3)
				1 column (A)		14	%
14	Public support percentage for 2009 (line					14	% %
15 16a	Public support percentage from 2008 Schedule A, Part II, line 14						
	33% % support test—2008. If the organization quality box and stop here. The organization quality	lifies as a pub	licly supported	organization .			▶ □
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-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances  the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circu	acts-and-circun	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> 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.)

Ca 1	lendar year (or fiscal year beginning in) ►  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2005	(b) 2006 28508	(c) 2007	(d) 2008 Z /SO	(e) 2009 3270	(f) Total
2	membership fees received. (Do not include any "unusual grants.")	126	20500	33 <i>5</i> 0	2150	3770	C77 m
	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.  Gross receipts from activities that are not an unrelated trade or business under section 513	15	28508	2330	~ / 0 ()		A f f (1)
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513	15	28508			2210	<u> </u>
3	unrelated trade or business under section 513	15	2330	36850	48906	40160	154424
	Tax revenues levied for the organization's	$\varphi$	8	Ø	Ø	P	Ø
4	benefit and either paid to or expended on its behalf	Ø	Ø	Ø	Ø	Ø	Ø
5	The value of services or facilities furnished by a governmental unit to the organization without charge	Ø	Ø	Ø	0	Ø	Ø
6	Total. Add lines 1 through 5		28508	40,200	51056	43430	168194
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	Ø	q	Ø	g	Ø	Ø
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	Ø	Ø	0	Ø	P	Ø
c	amount on line 13 for the year	Ø	Ø	Ø	<del>-</del> 6	Æ	
8	Public support (Subtract line 7c from line 6.)	,	28508	40200	51054	43430	163194
Sect	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		28508	46700	51054	43430	166124
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		276	390	617	312	163,194
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		Ø	Ø	Ø	Ø	Ø
	Add lines 10a and 10b		224	390	417	312	1545
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on		Ø	Ø	Ø	Ø	Ø
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		Ø	Ø	Ø	P	Ø
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)		28734	40590	51673	43742	164739
	First five years. If the Form 990 is for to organization, check this box and stop to organization.	nere		nd, third, fourth	-		n 501(c)(3) ► □
Sect	tion C. Computation of Public Sup	-				, <u>, .</u>	
15	Public support percentage for 2009 (lin				,	15	
16 Sect	Public support percentage from 2008 Stion D. Computation of Investment			<u>· · · · · · · · · · · · · · · · · · · </u>	·	16	<u> </u>
17	Investment income percentage for 2009		· · · · · · · · · · · · · · · · · · ·	t by line 12 or	olumo (fl)	17	۱ %
	Investment income percentage from 20	•	**	•	) (1)) .	18	C %
	331/3 % support tests - 2009. If the orga	anization did n	ot check the bo	ox on line 14, a	ind line 15 is n	nore than 331/3 9	%, and line
b	17 is not more than 33%%, check this bi 33%% support tests—2008. If the organ	ox and <mark>stop h</mark> ization did not	ere. The organi check a box on	zation qualifies Iline 14 or line	as a publicly s	supported orga 6 is more than 3	nization ► 🎜 33½ %, and _
	line 18 is not more than 33½ %, check this <b>Private foundation</b> . If the organization	•	-	·			

Schedule A (F	om 990 or 990-E2) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other a	explanations required additional information.	by Part II, line 10; See instructions.
			<b>..</b>		•••••
	·····				
******					
					·