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#### CIS5ZKKH33

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

Department of the Treasury

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

Complete if the organization is a section 501(c)(3) organization or a section 4847(a)(1) nonexampt charitable trust.

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

2009
Open to Public

Internal Revenue Service												
Nam	_	the organization	n it	ec, Inc						-	ation number	
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	Part I 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.)											
1	Org.	anization is i	tot a private tou	ncation decause it is: urches, or association	(For line	er i throu	gn 11, ci	Deck ou	y one bo	X.)		
2	ö			ол 170(b)(1)(A)(II). (Al				section	רוונסוטיזי	(/ <b>4</b> )(1)-		
3	ŏ			hospital service organ				on 1700	.)/4\/A\(;;	3		
4	$\bar{\Box}$	A medical r	esearch organiz	stion operated in con	lunction	with a he	anital de	ecribed	n section	7. 20. 170/h\	AVANGIN E	nter the
-		hospital's n	al research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the sname, city, and state:									
8		An organiza	tion operated for the banefit of a college or university owned or operated by a governmental unit described in I(b)(1)(A)(Iv). (Complete Part II.)									
6		A federal, 6	tate, or local gov	vernment or governme	ental unit	describe	d in seci	tion 170	(b)(1)(A)	<b>v)</b> .		
7		An organiza	tion that normall	y receives a substanti	al part of	its supp	ort from a	govern	mental u	nit or from	the genera	l public
		described in	n section 170(b)	(1)(A)(vi). (Complete I	art II.)			•			<u></u>	•
8	╚	A communi	ty trust describe	d in section 170(b)(1)	)(A)(Vi). ((	Complete	Part II.)					
9	M	An organiza	tion that normall	y receives: (1) more th	an 331/2 9	6 of Its si	ipport fro	m contri	butions,	members	hip fess, an	d gross
				ed to its exempt func- tent income and unre								
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509	(a)(2), (C	omplete	Part III.)	ni Oli Iek	y trom bus	11162562
10	П			ind operated exclusive					•	D/a\/4\		
11	Ħ			and operated exclusive							or to carry	out the
• •	_			blicly supported orga								
				at describes the type								
		a 🔲 Type	ol b 🗆	] Type II	п Туј	oe III-Fun	ctionally	Integrate	be	<b>d</b> [	] Type II⊢	Other
e		By checking	this box, I cer	tify that the organiza	tion is no	ot contro	lled direc	tly or in	directly	by one or	more disq	ualified
				on managers and othe	rthan on	e or more	publicly	support	ed organ	izations d	escribed in	section
			section 509(a)(2)					_				
f				a written detelminati	•					II, or Typ	e III suppoi	rting _
_			, check this box	the organization acce								. ப
9		following pe		tile organization acce	spied any	y giri or c		on nom	any or u	ıe		
				r indirectly controls, e	either alo	ne or too	ether wi	th perso	na descr	ibed in (ii	Ye	s No
				ming body of the sup							119()	
		• •	_	erson described in (i) a	•						118(0)	
		(iii) A 35% c	controlled entity	of a person described	d in (i) or						(tg(iii)	<u> </u>
h			· · · · · · · · · · · · · · · · · · ·	ation about the suppo					<del></del>			
(i)		of supported anization	(B) EIN	(iii) Type of organization (described on lines 1-8	(iv) is the i	organization ated in your		nou notify nization in		is the stion in col.	(VII) Amoi	
	<b>U</b> 1, <b>S</b>			above or IRC section (see instructions))		document?	col. (1)	of your port?	(Q organ	nized in the J.S. ?		
				(200 luanocoous))	Yes	No	Yes	No	Yes	No	1	
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# CIS5ZKKH33

Sche	dule A (Form 990 or 990-EZ) 2009						Page 2
Pa	Support Schedule for Or (Complete only if you chec	ganizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(lv) .)	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						~
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 200 <del>6</del>	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grams, contributions, and membership fees received. (Do not include any "unusual grams.")						
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	NOTION CONTRACTOR AND ADDRESS OF THE PARTY O		galace intended & deal	E COMPOS ARROYANDS FOR THE	Contraditional analysis and war mind	
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)						
8	Public support. Subtract line 5 from line 4.	Resident States		in relicities	THE PROPERTY OF	575 500 35 35 16	
	tion B. Total Support	(a) 2005	(b) 2008	(-) ppp7	45 ppp6	1 ( ) 5555	- <b>-</b>
_	dendar year (or fiscal year beginning in)	(a) 2005	(6) 2006	(a) 2007	(d) 2008	(e) 2009	(f) Total
8	Amounts from line 4 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	temi orbbord ved inter a macella to the					計劃表記所	
12	Gross receipts from related activities, etc. (see instructions)						
13	First five years. If the Form 980 is for organization, check this box and stop he	re		d, third, fourth			n 501(c)(3)
	tion C. Computation of Public Su	•					
14	Public support percentage for 2009 (line		•	, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Schedule A, Part II, line 14						
16a	33% % support test ~ 2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	331/2 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, The organization qualifies as a publicly supported organization						

Schedule A (Farm 990 or 990-EZ) 2009

## CIS5ZKKH33

	dule A (Form 980 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Orga (Complete only if you check	enizations D	escribed in	Section 509(	p)(2)		
Sei	ction A. Public Support	ed the box c	AT TIME 5 OF F	artij			<del></del>
	slendar year (or flacal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(7) Total
		147	1.7.	1	1 1 2 2 2 2	10,222	10,121
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			48.727	59,969	60.834	IBA 520
2	Gross receipts from admissions, merchandiss sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add fines 1 through 5			48.727	59.969	60.894	164-250
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				,	 	
Þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				_		
C	Add lines 7g and 7b				j		
8	Public support (Subtract line 7c from fine 6)						
	tion B. Total Support						
Ci	dendar year (or fiscal year baginning in)	(a) 2005	(b) 2008	(e) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<del> </del>	<del> </del>	48.727	59.969	60834	119820
103	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						,
0	Add lines 10a and 10b			ļ			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				-		
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				-		
13	Total support (Add lines 9, 10c, 11, and 12.)			48.737	59,969		164239
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt			on 501(c)(3)
Sec	tion C. Computation of Public Su			<del></del>			
15 18	Public support percentage for 2009 (III Public support percentage from 2008 to 1999)	Schedule A, P	art III, line 15	ne 13, column	(f))	16	<del>%</del>
	tion D. Computation of Investmen						
17	investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).						
18	Investificity (neome percentage from 2008 Schedule A. Part III) fine 77						
19a	17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization > 33% % support tests = 2008. If the organization did not check a box on line 14 or line 18a, and line 16 is more than 33% %, and						
ь	line 18 is not more than 331/4 %, check this	s box and stop	here. The arga	inization qualifie	s as a publicly a	supported orga	nization P 🖵
20_	Private foundation. If the organization	did not check	a box on line	14, 198, or 19b	, cneck this bo	X BING BEG INS	ar 960-EZD 2009

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Bchedule A (F	orm 990 or 990-(EZ) 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	explanations required additional information.	by Part II, line 10; See instructions.
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Schedule A (Form 990 or 990-EZ) 2009