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Form **990-EZ**

### 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

# 2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2009** calendar year, or tax year beginning **5/1/2009**, and ending **4/30/2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>IMSA Educational Foundation</b>		<b>D</b> Employer identification number <b>75-2257186</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>C/o Douglas Aiken ~ PO Box 146</b>		<b>E</b> Telephone number <b>(603) 253-3040</b>
		City, town, or country State ZIP + 4 <b>Center Harbor NH 03226-0146</b>	<b>F</b> Group Exemption Number Number ►	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method:  Cash  Accrual  
Other (specify) ►

**I** Website: ► <http://www.imsaef.org/>

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 183,393**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															0											
	2	Program service revenue including government fees and contracts															172,523											
	3	Membership dues and assessments																										
	4	Investment income															10,870											
	5a	Gross amount from sale of assets other than inventory															0											
	5b	Less: cost or other basis and sales expenses															0											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															0											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)															0											
Expenses	6b	Less: direct expenses other than fundraising expenses															0											
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															0											
	7a	Gross sales of inventory, less returns and allowances																										
	7b	Less: cost of goods sold																										
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															0											
	8	Other revenue (describe ► )															0											
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															183,393											
	10	Grants and similar amounts paid (attach schedule)															0											
	11	Benefits paid to or for members																										
12	Salaries, other compensation, and employee benefits															25,383												
13	Professional fees and other payments to independent contractors															164,073												
14	Occupancy, rent, utilities, and maintenance															12,000												
15	Printing, publications, postage, and shipping															1,127												
16	Other expenses (describe ► See Attached Statement)															26,176												
17	<b>Total expenses.</b> Add lines 10 through 16															228,759												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-45,366											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															660,700											
	20	Other changes in net assets or fund balances (attach explanation)															0											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20															615,334											

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	759,417	685,993
23	Land and buildings		
24	Other assets (describe ► Accounts receivable)	0	5,000
25	<b>Total assets</b>	759,417	690,993
26	<b>Total liabilities</b> (describe ► See Attached Statement)	98,717	75,659
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	660,700	615,334

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

Form **990-EZ** (2009)

(HTA)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>Develop programs for public safety personnel training &amp; c</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner; describe the services provided, the number of persons benefited, and other relevant information for each program title.		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
28	Development of training and certification courses for individuals involved in various public safety technical fields  (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	0
29	  (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	0
30	  (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) . . . . . <input type="checkbox"/>	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
William P. McNamara 27 Thurber Road Smithfield RI 02917	Title President Hr/WK 1.00	0	0	0
Ted Gilfert 8157 US Route 50 Athens OH 45701	Title Vice President Hr/WK 1.00	0	0	0
Douglas Aiken 9 Bentley Road Moultonborough NH 03226	Title Secretary/Treasurer Hr/WK 5.00	0	0	0
Paul Batchelor 1130S Service Road Oakville ON L6L 5	Title Director Hr/WK 1.00	0	0	0
Carmine Guagenti 79 West 27th Street Plainsboro NJ 07002	Title Director Hr/WK 1.00	0	0	0
Marilyn Lawrence 165 E. Union Street Newark NY 14513	Title Director Hr/WK 1.00	0	0	0
Steve Parduhn 320 W 18th Street Edmond OK 73013	Title Director Hr/WK 1.00	0	0	0
Lewis E Roberts 4747 W Calimyma Ave Fresno CA 93722	Title Director Hr/WK 1.00	0	0	0
Dave Stroffolino 3072 Ironwood Drive Tallahassee FL 32309	Title Director Hr/WK 1.00	0	0	0
Michael T Volling 102 Hammerstone Court Georgetown TX 78628	Title Director Hr/WK 1.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		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		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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.		X
37 a	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?		X
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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.		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. ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
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.		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ Douglas Aiken Telephone no. ▶ (603) 253-3040 Located at ▶ 9 Bentley Road City Moultonborough ST NH ZIP + 4 ▶ 03254		
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 account)? 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.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		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.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____	.00	0	0

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>Kimley-Horne and Associates, Inc.</u> Str <u>PO Box 33068</u> City <u>Raleigh</u> ST <u>NC</u> ZIP <u>27636-3068</u>	<u>Program development</u>	<u>137,924</u>
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0

d Total number of other independent contractors each receiving over \$100,000 . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
 Signature of officer: *Douglas Aiken* Date: 6/27/10  
 Type or print name and title: Douglas Aiken Secretary/Treasurer

**Paid Preparer's Use Only**  
 Preparer's signature: *Paul J. Mercier* Date: 6/12/10 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: The Mercier Group, p.c. Preparer's identifying number (See instructions): 1205-34999R  
 39 Cambridge Drive - Canterbury, NH 03224-2007  
 http://www.mercier-group.com  
 Ph (603)783-0036; Fx (603)783-9862  
 EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with \_\_\_\_\_  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

IMSA Educational Foundation

Employer identification number

75-2257186

**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  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  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: \_\_\_\_\_
- 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, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % 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 1/3 % 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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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  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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
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 <b>Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> 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. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
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	160,707	214,432	248,681	173,227	172,523	969,570
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 <b>Total.</b> Add lines 1 through 5	160,707	214,432	248,681	173,227	172,523	969,570
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.)						969,570

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	160,707	214,432	248,681	173,227	172,523	969,570
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,869	4,629	14,913	4,358	10,870	37,639
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,869	4,629	14,913	4,358	10,870	37,639
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	163,576	219,061	263,594	177,585	183,393	1,007,209

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	96.26%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.54%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.74%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.46%

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part I, Line 16 (990-EZ) - Other Expenses**

		26,176
1	Travel . . . . .	3,156
2	Meals and entertainment . . . . .	
3	Fundraising . . . . .	
4	Amortization . . . . .	0
5	Conferences, conventions, and meetings . . . . .	15,071
6	Depreciation . . . . .	0
7	Depletion . . . . .	
8	Equipment rental and maintenance . . . . .	
9	Interest . . . . .	1,350
10	Supplies . . . . .	1,824
11	Telephone . . . . .	1,938
12	Unrelated business income taxes . . . . .	0
13	Small tools and equipment (non-depreciable)	2,837
14		
15		
16		
17		
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25		
26		
27		
28		

**Part II, Line 26 (990-EZ) - Liabilities**

98,717

75,659

Description		Beginning	End
1	Accounts payable	8,717	0
2	Accrued expenses	0	659
3	Note payable	90,000	75,000
4			
5			
6			
7			
8			
9			
10			

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	<u>10,870</u>
2	Dividends and interest from securities . . . . .	2	<u>          </u>
3	Gross rents . . . . .	3	<u>          </u>
4	Other investment income . . . . .	4	<u>          </u>
5	Total . . . . .	5	<u>10,870</u>

**Part VI, Line 51 (990-EZ) - Highest Compensated Independent Contractors**

Name and address of each independent contractor paid more than \$100,000	Type of service	Compensation
1. Name <u>Kimley-Horne and Associates, Inc.</u> Street <u>PO Box 33068</u> City <u>Raleigh</u> ST <u>NC</u> ZIP <u>27636-3068</u> Check if Business <input type="checkbox"/> Foreign Country _____	Program development  Explanation	137,924
2. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____	Explanation	
3. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____	Explanation	
4. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____	Explanation	
5. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country _____	Explanation	