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SCANNED NOV 1 8 2010

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150 2009

Open to Public Inspection

Α	For th	ne 2009 calendar year, or tax year beginning JUN 1, 200	9		and	ending MAY	7 31	- ,	2010			
В	Check if applicat	f Please C Name of organization				Ī	D Empl	oyerı	identification number			
	Addre	USE IRS DAVID AND MARION HANDLEMAN CITE	POF	T		- 1						
一		label or Print or FOUNDATION 30-0232151										
Initial type Number and street (or P.O. box, if mail is not delivered to street address). December to E. Telephone number												
늗	Termin- aled P.O. BOX 2030; 6735 TELEGRAPH ROAD (248)642-4260											
늗	lated	Instructions City or town, state or country, and ZIP + 4	KOF	עצ								
누	—Jreturi	n material l							emption			
ᆫ	Application BLOOMFIELD HILLS, MI 48301 Number											
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must	attaci	ı a com	pleted	G Account	ing me	thod:	Cash X Accrual			
		Schedule A (Form 990 or 990-EZ)				Other (s		=-				
	Websi					H Check		L) if t	the organization is not			
J	Tax-ex	xempt status (check only one) — X 501(c) (3) ◀ (insert no.) 49	47(a)(1) or	\sqcup	527 required to	attach :	Sched	dule B (Form 990, 990 EZ, or 990-PF)			
K	Check	▶ ☐ If the organization is not a section 509(a)(3) supporting organization an	d its (gross re	ceipts	are normally not	more th	ian \$2	25,000 A Form 990-EZ or			
		Form 990 return is not required, but if the organization chooses to file a	retur	n, be su	re to f	ile a complete retu	ırn.					
L	Add lin	nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file F	orm 9	990 inst	ead of	Form 990-EZ		- \$	0.			
P	art I	Revenue, Expenses, and Changes in Net Assets or I	une	d Bala	ance	S (See the instru	ctions f	or Pa	irt I)			
	1	Contributions, gifts, grants, and similar amounts received						1				
	2	Program service revenue including government fees and contracts					-	2				
	3	Membership dues and assessments						3				
	4	Investment income						4				
	5a	Gross amount from sale of assets other than inventory		5a			<u> </u>		<u></u>			
	1 .	Less, cost or other basis and sales expenses		5b								
	b	·		ם כו				. .				
ø)	°c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line			.		—,⊦	5c				
Ž	6	Special events and activities (complete applicable parts of Schedule G). If any am	iount	is from	gamıı	ig, cneck nere ▶ (
Revenue	a	Gross revenue (not including \$ of contributions		1			-					
ď		reported on line 1)		6a								
	b			6b								
	C							6c				
	7a											
	b	b Less: cost of goods sold 7b										
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	L	7c								
	8	Other revenue (describe >) L	8								
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					▶ [9	0.			
	10	Grants and similar amounts paid (attach schedule)						10				
	11	Benefits paid to or for members						11				
Ś	12	Salaries, other compensation, and employee benefits						12				
euses	13	Professional fees and other payments to independent contractors	F	13								
Ō	14	Occupancy, rent, utilities, and maintenance	F	14								
Ä	15	Printing, publications, postage, and shipping		15								
	16											
	17						=′ ⊦	16 17	0.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	\vdash			EIVED	7+	18	0.			
ţ			lof				⊦اد	18	0.			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	3015	nα	T 1	0 2010	20-03-0					
Ä		(must agree with end-of-year figure reported on prior year's return)	ကြ	VL	1 1	\$ 2010	Ñ -	19	0.			
Š	20	Other changes in net assets or fund balances (attach explanation)	Į Ĺ	····		ةِ لـــــا	ا الخ	20				
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>		DE			21	<u> </u>			
LP	art II		ת וסי	ore , fil e	Form			-EZ.				
		(See the instructions for Part II)				(A) Beginning of	year		(B) End of year			
22	? Cas	Cash, savings, and investments						22				
23	3 Lar	nd and buildings						23				
24	Oth	ner assets (describe)			24				
25	Tot	tal assets					0.	25	0.			
26	5 Tot	tal liabilities (describe					0.		0.			
27		t assets or fund balances (line 27 of column (B) must agree with line 21)				•	0.	1	0.			
	2171 -08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa	te ins	truction	 _				Form 990-EZ (2009)			

DAVID AND MARION HANDLEMAN SUPPORT

Fosi	02321	51 Page 2				
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E	kpenses
Wh	at is the organization's primary exempt purpose?TO SUPPORT THE	JEWISH COMMU	NITY.			x section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur			be		1) organizations and
	services provided, the number of persons benefited, and other relevan				for others)	7(a)(1) trusts, optional
_	GRANTS AND AWARDS GIVEN TO CHARITAE				† †	
20	GRANIS AND AWARDS GIVEN TO CHARTIAL	DE ONGANIZATI	OND.			
					1 1	
				_		
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	Ш	28a	
29						
						
	(Grants \$) If this amount includes foreign (grants, check here	▶		29a	_
30						
	(Grants \$) If this amount includes foreign (grante, chock horo			30a	
		grants, check here			Jua	
31	Other program services (attach schedule)		_			
	(Grants \$) If this amount includes foreign (grants, check here		<u> </u>	31a	
32	Total program service expenses (add lines 28a through 31a)	•			32	0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated			
		(b) Title and average hours	(c) Compensation	, ,	ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
	/-/	position	-0-)		leferred	other allowances
		,	,		pensation	
RO	DBERT P. ARONSON, 6735 TELEGRAPH	DIRECTOR				
	OAD, BLOOMFIELD HILLS, MI 48301	0.10	0.	ŀ	0.	0.
	OWARD NEISTEIN, 6735 TELEGRAPH	DIRECTOR	1			
_	OAD, BLOOMFIELD HILLS, MI 48301	0.10	0.	1	0.	0.
		DIRECTOR	<u> </u>	 		· ·
	DROTHY BENYAS, 6735 TELEGRAPH ROAD,	⊣ .			^	
	LOOMFIELD HILLS, MI 48301	0.10	0.	<u> </u>	0.	0.
	ANCY GROSFELD, 6735 TELEGRAPH ROAD,	DIRECTOR	_			
	LOOMFIELD HILLS, MI 48301	0.10	0.	<u> </u>	0.	0.
N	ORMAN PAPPAS, 6735 TELEGRAPH ROAD,	DIRECTOR				
BI	LOOMFIELD HILLS, MI 48301	0.10	0.		0.	0.
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	172 08-10				Forn	990-EZ (2009)

FOUNDATION

30-0232151

Page 3

Pai	t 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	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			1
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			1
	and proxy tax requirements?	35a		x
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	-		- <u></u>
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization her form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	370		
	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
		30a		25
		1		
	Section 501(c)(7) organizations Enter:			ĺ
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	1		
	• • • • • • • • • • • • • • • • • • • •	┨		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ļ		
	section 4911 ► O . , section 4912 ► O .			
	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	<u> </u>	Х
	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			:
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			۱
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
	List the states with which a copy of this return is filed MI		406	
	The organization's books are in care of ► DOROTHY BENYAS Telephone no. ► (248) 6	42-	426	0
	Located at ► 6735 TELEGRAPH RD., BLOOMFIELD HILLS, MI ZIP+4 ► 4	830	1	-
	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	+
	account)?	42b	 	X
	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	1.		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			نـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
				1
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	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
		Form !	000-E7	/2000

Form 990-EZ (2009)

DAVID AND MARION HANDLEMAN SUPPORT

Part VI		40.47()(4)		30-02321						
rait vi	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantable and 51.									
46 Did th	e organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for public		Yes No					
	? If "Yes," complete Schedule C, Part I		oundidates for public	F	46 X					
	ne organization engage in lobbying activities? If "Yes," complete Sc	hedule C. Part II			47 X					
	organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	•			48 X					
	ne organization make any transfers to an exempt non-charitable related			<u>-</u>	49a X					
	b If "Yes," was the related organization a section 527 organization?									
50 Comp	olete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, enti-	·	s, trustees and key e	_	ch received more					
	proof,000 or compensation from the organization. If there is notic, ent	er None.								
		(b) Title and average hours	(c) Compensation	(d) Contributions to employee	(e) Expense					
	(a) Name and address of each employee paid more	per week devoted to	(c) compondation	benefit plans &	account and					
	than \$100,000	position		deferred	other allowance					
	NONE			compensation						
		_								
	olete this table for the organization's five highest compensated independing the compensated independent of the compensate o									
	(a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of se	rvice (c	Compensation					
			-							
d Total	number of other independent contractors each receiving over \$100,0	00	<u> </u>							
	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on all	accompanying schedules and statemer	nts, and to the best of m	y knowledge and bel	ef, it is true,					
Sıgn Here	Signature of officer			1075-16 Date						
	DOROTHY BENYAS, DIRECTOR Type or print name and title		<u>.</u>							
Paid	Preparer's signature▶			parer's identifying nu	mber (See instr.)					
Preparer's Use Only	MICHAEL F. FENBERG	10/13/10 em	ployed 🕨 🔲							
-	Firm's name (or yours BAKER TILLY VIRCHOW KI		EIN							
	d sett-employed), address, and ZIP+4 SOUTHFIELD MI 48076	LF 000	Phor no.	•	72-7300					

X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public

Inspection

Name o	of	the	orga	niza	tio

DAVID AND MARION HANDLEMAN SUPPORT FOUNDATION

Employer identification number

			FOUNDAT	ION					j	3 (0-0232151	
Part I	Reason	for F	Public Chari	ty Status (All organiza	ations mu:	st complet	e this part) See inst	ructions			
The organ	zation is not a	priva	ate foundation b	pecause it is (For lines 1	through 1	1, check o	only one b	ox)				
1 🔲	A church, co	nvent	ion of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)				
2	A school des	cribed	d in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E)							
з 🗀	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 stat	e.										
5 🔲	An organizati	on op	perated for the l	penefit of a college or un	iversity ov	vned or op	erated by	a governr	nental unit	describ	ed in	
	section 170	(b)(1)	(A)(ıv). (Comple	ete Part II)								
6 🗌	A federal, sta	ite, or	local governme	ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).				
7	An organizati	on th	at normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general į	oublic described in	
	section 170(b)(1)(A)(vi). (Complet	te Part II)								
8 🔲	A community	trust	described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)						
9 🗀	An organizati	on th	at normally rece	eives (1) more than 33 1	/3% of its	support fr	rom contril	outions, m	embershij	o fees, ar	nd gross receipts from	
	activities rela	ted to	its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment	
	income and i	unrela	ited business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 30, 1975	
	See section	509(a	a)(2). (Complete	Part III)					_			
10	An organizati	on or	ganized and op	erated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	·).			
11 X	An organizati	on or	ganized and op	erated exclusively for th	e benefit (of, to perfo	rm the fur	octions of,	or to carry	out the	purposes of one or	
	more publicly	sup	oorted organiza	tions described in section	on 509(a)(1	l) or section	n 509(a)(2) See sec	tion 509(a	a)(3). Che	eck the box that	
	describes the	e type	of supporting	organization and comple	ete lines 1	1e through	11h					
	a X Type	l	b 🗀	Type II c	: 🔲 тур	e III - Func	tionally int	egrated		d 🗀	Type III - Other	
е 🔙	By checking	this b	ox, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified !	persons other thán	
	foundation m	anag	ers and other th	nan one or more publicly	supporte	d organiza	itions desc	ribed in s	ection 509	(a)(1) or	section 509(a)(2).	
f	If the organiz	ation	received a writ	ten determination from t	he IRS tha	at it is a Ty	ре І. Туре	II, or Type	e III			
	supporting o	rganız	zation, check th	is box							\mathbf{x}	
g	Since Augus	t 17, 2	2006, has the o	rganization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	ons?		
	(i) A perso	n who	directly or indi	rectly controls, either ale	one or tog	ether with	persons d	escribed i	n (II) and (I	ıı) below,		
	the gov	erning	g body of the su	pported organization?							11g(i) X	
	(II) A family	mem	ber of a persor	n described in (i) above?							11g(ii) X	
	(ni) A 35% (contro	olled entity of a	person described in (i) o	or (II) above	9?					11g(iii) X	
h	Provide the f	ollow	ing information	about the supported org	ganization	(s)						
				, , , , , , , , , , , , , , , , , , ,								
(i) Name	of supported		(ii) EIN	(iii) Type of organization		rganization		,	(vi) Is organizatio	n in col. I	(vii) Amount of	
orga	nızatıon			(described on lines 1-9		sted in your document?		on in col. Support?	(i) organize U.S	ed in the	support	
				above or IRC section		1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
		ļ		(see instructions))	Yes	No	Yes	No	Yes	No		
JEWIS			405005	_							•	
FEDER	ATION C	38-	-1359214	7	X		Х		X			
		ŀ			1	l			l			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form 990 or 990-EZ) 2009	
Part II	Support Schedule for Organizations Described in Sections	s 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I	<u> </u>			
Sec	ction A. Public Support						
Cale	endar 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 ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf	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	The portion of total contributions						
_	by each person (other than a			1			
	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						
	ction B. Total Support			·	.1		
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(5) 2000	(0) 200.	(6) 2000	(6) 2000	(1) 1014
8	Gross income from interest,			-	 -	· · · · · · · · · · · · · · · · · · ·	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)		•				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	one)		·	12	
13	First five years. If the Form 990 is for	•	•	ird fourth or fifth:	tay year as a section		
13	organization, check this box and stor	-	a mat, second, tri	ira, rourar, or mar	iax year as a section)	▶[
Se	ction C. Computation of Publ		rcentage				
14				column (fl)		14	%
15	Public support percentage from 2008			Column (1))		15	<u> </u>
	a 33 1/3% support test - 2009. If the o	·	•	n line 13, and line	14 is 33 1/3% or n		
106	stop here. The organization qualifies	=			74 13 33 17370 01 11	nore, creek triis be	▶ □
	33 1/3% support test - 2008.If the o	- · · ·	=		H line 15 is 33 1/3%	or more, check th	ue boy
•	• •	_		•	1 III le 13 ls 33 1/3/	or more, check tr	▶ □
47-	and stop here. The organization qual 10% -facts-and-circumstances tes				a 13 16a ar 16h .	and line 14 is 100/	or more
1/8		-					•
	and if the organization meets the "fact			•	•	art iv now the orgal	iization .
	meets the "facts-and-circumstances"	_	•		•	170 and line 15 :-	100/ 01
t	o 10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				· ·		·
40	organization meets the "facts-and-circ		_	•			
<u> 18</u>	Private foundation. If the organization	on ala not check a	box on line 13, 1	oa, 100, 1/a, or 17		and see instruction	

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 ") 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a 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 c Add lines 10a and 10b 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) 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 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A. Part III, line 17 18 % 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

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT				1
A)	DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?]]	YES	[X]	NO
B)		ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO