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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

| Α | For the 2 | 2009 calend <u>ar ye</u> a | ir, or tax year beginning | June 1 | , 2009, and | ending | May 3 | 1 | , 20 10 |
|------------|--|----------------------------|---|---------------------------------------|-------------------|----------------|----------------|---|------------------------|
| В | Check if ap | | | | | | D Employer ic | lentif | fication number |
| | Address ch | hange use IR | | Studies | | | 7 | 5 29 | 941967 |
| 밁 | Name char | - pinit o | Number and street (or P O bo | ox, if mail is not delivered to stre | eet address) Ro | om/suite | E Telephone r | umb | er |
| 쒸 | Initial return type. Terminated See 3610 Wingren Dr. | | | | | 91 | 72-26 | 65-5741 | |
| H | Amended | Specif | | and ZIP + 4 | L | | F Group Exe | mnt | IOD |
| H | Application | | Irving, TX 75062 | | | | Number | • | 0943 |
| 므 | | | .' | avamme alamitable turnta | | C A 22211 | | | |
| | • Secti | | nizations and 4947(a)(1) non ompleted Schedule A (Form | - | nust attacn | | _ | V | Cash |
| | | a C | ompleted Scheddle A (r om | 990 UI 990-LZ). | | | specify) ▶ | | |
| | | | | | | | | _ | nızatıon ıs not |
| - | Website | | asmorestudies.org | | | | | chec | dule B (Form 990, |
| J | Tax-exe | mpt status (check | only one) — 🔽 501(c) (3) | | 1) or 527 | 990-E2 | z, or 990-PF) | | <u> </u> |
| K | Check ▶ | If the organ | nization is not a section 509(a |)(3) supporting organization | and its gross red | ceipts are n | ormally not m | ore t | han \$25,000. A |
| | Form 99 | 0-EZ or Form 990 | return is not required, but if t | he organization chooses to | file a return, be | sure to file a | a complete re | turn | |
| L | Add lines | 5b, 6b, and 7b, to I | ine 9 to determine gross receip | s; if \$500,000 or more, file Fo | rm 990 instead o | of Form 990- | EZ ▶ § | 3 | |
| E | Part I | Revenue, Ex | penses, and Changes | in Net Assets or Fur | d Balances | (See the | instruction | s fo | r Part I.) |
| | 1 | | ifts, grants, and similar an | | | | | | 70,349.42 |
| | 2 | | e revenue including govern | | | | | | 2070 |
| | 3 | | es and assessments | | | | 3 | | 0 |
| | 4 | Investment inco | | | | | 4 | | 1,014.84 |
| | 5a | | rom sale of assets other th | | | | 1 34900 | | 1,014.04 |
| | | | | | | | 0 | | |
| | b | | her basis and sales expen- | | | - \ | | | _ |
| Œ | C | | om sale of assets other tha | | | | | | 0 |
| 3 | 6 | | activities (complete applicable pai | • | • • | cneck nere | | | ~ |
| Revenue | a | | not including \$ | | | | | | |
| ă | [] | • | :1) | | | | 0 | | |
| | b | Less: direct exp | enses other than fundrais | ng expenses | . 6b | | 0 | | |
| | C | Net income or (| loss) from special events a | nd activities (Subtract lir | ne 6b from line | 6a) | 6c | | 0 |
| | 7a | Gross sales of I | nventory, less returns and | allowances | . 7a | | 0 | | |
| | b | Less: cost of go | oods sold | | . 7b | | 0 | | |
| | C | Gross profit or (| (loss) from sales of invento | ry (Subtract line 7b from | line 7a) | | 7с | | 0 |
| | 8 | | describe honoraria for | | · | |) 8 | | 1,127.20 |
| | 9 | Total revenue. | Add lines 1, 2, 3, 4, 5c, 6c | , 7c, and 8 | | | . ▶ 9 | | 74,561 |
| | 10 | | lar amounts paid (attach s | | | | | | 9,615.75 |
| | 11 | | | · · · · · · · · · · · · · · · · · · · | | | 11 | | 0 |
| ď | | • | compensation, and emptor | | | | 12 | | 30,523.40 |
| Sosuot | 13 | | es and other payments to | | | | 13 | | 292 |
| ַבַּ | 14 | | nt, utilities, and maintenand | | | | 4.4 | | 82.25 |
| Ž | 15 | | ations, postage, and shipp | | | | | _ | |
| | 16 | Other expenses | (describe > academic c | onforces overdence office | | | | | 233.47 |
| | 17 | Total expenses | Add lines 10 through 16 | omerence expenses, ome | e supplies, and | DOOKS |) <u>16</u> | _ | 13,759.48 |
| _ | 40 | Total expenses | s. Add lines 10 through-16 | | <u></u> | · · · | | <u> </u> | 54,506 |
| 4 | 18 19 | Excess or (detic | cit) for the year (Subtract lin | je_1vvr,om/line_9)_1. | | • • • | | | 20,055 |
| ŭ | וא | | und balances at beginning | | | | | ļ | |
| ٩ | [] | | are reported on prior year's | • | | | | | 93,297 |
| Not Accete | 20 | | in net assets or fund balar | | | | | | 0 |
| | 21 | | ind balances at end of yea | | | <u> </u> | . ▶ 21 | <u>L, </u> | 113,352 |
| Į, | Part II | Balance Sh | eets. If Total assets on lin | | 250,000 or mo | re, file For | m 990 inste | ad o | f Form 990-EZ. |
| | | | (See the instructions t | or Part II.) | | (A) Beg | inning of year | | (B) End of year |
| | | - | investments | | | | 93,297 | 22 | 113,352 |
| 2 | 3 La | and buildings | | | | | 0 | 23 | 0 |
| 2 | .4 Ot | her assets (desc | ribe ► | | | | 0 | 24 | 0 |
| 2 | 25 T o | otal assets | | | | | 93,297 | | 113,352 |
| 2 | 26 To | otal liabilities (de | scribe > | |) | | | 26 | 0 |
| _2 | 7 Ne | et assets or fund | balances (line 27 of colu | mn (B) must agree with I | ine 21) | | 93,297 | | 113,352 |
| | | | | | | | | | |

| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses | | | | | | | |
|---|--|-------------------------------|--|--|-----------|--|--|
| What | (Requ | ired for section | | | | | |
| | is the organization's primary exempt purpose? ribe what was achieved in carrying out the org | anization's exempt purpos | ses. In a clear ar | nd concise | |)(3) and 501(c)(4) | |
| | ner, describe the services provided, the number of | | | | | izations and section | |
| | program title. | , | | | for ot | a)(1) trusts, optional hers) | |
| | Promotion of Thomas More and his writings and sup | nort conferences | | | 10.0. | | |
| 20 | | port comercines | | | | | |
| | | | | | | | |
| | | | | | | 00 000 11 | |
| | | includes foreign grants, che | eck here | ▶ ⊔_ | 28a | 22,266.41 | |
| 29 | Support editing and research projects to serve 1000s | S | | | | ı | |
| | | | | | | | |
| | | | | | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | . ▶ □ | 29a | 18,567.43 | |
| 30 | Support a website for teachers and the general publi | c, giving access to primary a | and secondary rese | arch | | | |
| | materials and serving 4,000+ visitors per month | | | | 1 | | |
| | | | | | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | . ▶ □ | 30a | 13,672.51 | |
| 31 | Other program services (attach schedule) | | | | 1 | | |
| • | | includes foreign grants, che | | | 31a | | |
| 32 | Total program service expenses (add lines 28a | | | | 32 | 54,506 | |
| Par | | <u>-</u> | | | | | |
| rai | List of Officers, Directors, Trustees, and Rey | (b) Title and average | (c) Compensation | (d) Contribution | | (e) Expense | |
| | (a) Name and address | hours per week | (If not paid, | employee benefit | t plans & | account and | |
| | | devoted to position | enter -0) | deferred compe | ensation | other allowances | |
| Stev | en Bennett, Esq., 2313 Lockhill-Selma Road | General Counsel, .5 hr | | | | | |
| | Antonio, TX 78230 | | 0 | | 0 | 0 | |
| Myle | s Harrington, 1800 Allegheny Building, 429 | Treasurer, .5 hr | | | | | |
| Forb | es Avenue, Pittsburgh, PA 15219 | Treasurer, .5 III | 0 | | _0 | 0 | |
| Cha | rles LiMandri, Esq., P.O. Box 9120 | Di | | | | | |
| Ran | cho Santa Fe, CA 92067 | Director, .5 hr | 0 | 1 | 0 | o | |
| Tho | nas Spence, Esq., 111 Cole Street | | | | | | |
| | as, TX 75207 | Secretary, .5 hr | 0 | , | 0 | lo | |
| | Jodziewicz, 1845 East Northgate Drive | | | | | | |
| | g, TX 75062 | Director, .5 hr | 0 | | 0 | . 0 | |
| | ird Wegemer, 3610 Wingren Drive | | | | | | |
| * | | President, 10 hrs | | | ^ | | |
| IIVIII | g, TX 75062 | | 0 | | 0 | 0 | |
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| | | <u> </u> | <u> </u> | | | J | |

| Part | 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 | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | 1 |
| 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. | | | بَحْرِيْد . |
| 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? | | *10.8 * | √ |
| | | 35a 35b | | |
| 36 | If "Yes," has it filed a tax return on Form 990-T for this year? | 36 | - | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | N 1876 154 | 3 9 | , S |
| b | Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 1.77 | 20/40 | |
| | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | 1 |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | - 4 | | 1 |
| а | 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: | * | | 300 |
| | 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 | 401 | <u>`</u> | √ |
| _ | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | 40b | 4,2,2,2 | [|
| С | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | × 5. | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | 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 | | 7 |
| 41 | List the states with which a copy of this return is filed. ▶ | | | |
| 42a | The organization's books are in care of ▶ Gerard Wegemer Telephone no. ▶ | 972-26 | 5-574 | 1 |
| | Located at ► 3610 Wingren Dr., Irving, TX ZIP + 4 ► | 75062 | 2-4512 | 2 |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | E 1941986 | √ |
| | 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. | | | Here |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | 1 |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | ▶ 🗆 |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | No ✓ |
| 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 | <u> </u> | | V |
| | | ~~ | ^ == | (0000) |

Form **990-EZ** (2009)

Part VI

| Part V | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar | section 4947(a)(1) nor 47(a)(1) nonexempt chand 51. | nexempt charita aritable trusts mu | ble trusts only. A st answer question | ll sec ns 46 | tion 5–49l | o |
|----------|---|---|---|---|--------------------|----------------------------|-------------|
| 46 | Did the organization engage in direct or indirect | political campaign activ | ities on behalf of | or in opposition to | | Yes | No |
| | candidates for public office? If "Yes," complete | | | | 46 | | 1 |
| 47 | Did the organization engage in lobbying activitie | s? If "Yes." complete Sch | nedule C. Part II | | 47 | | 1 |
| | s the organization a school as described in section | • | | | 48 | | 1 |
| | Did the organization make any transfers to an ex | | • | | 49a | | 1 |
| | f "Yes," was the related organization a section 5 | • | _ | | 49b | | |
| 50 | Complete this table for the organization's five his employees) who each received more than \$100, | ghest compensated emp | oloyees (other than | | | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | | (e) | Expen count a allowa | nse and |
| None | | | | | | | |
| | | | | | | | |
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| - | | | | | | | |
| f | Total number of other employees paid over \$10 | 0000 | | | | | |
| | Complete this table for the organization's five \$100,000 of compensation from the organization | n. If there is none, enter | "None." | | | | |
| | (a) Name and address of each independent contractor | paid more than \$100,000 | (b) 1 | Type of service | (c) Co | mpensa | ation |
| None | | | | | | | |
| | | | | | | | |
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| d | Total number of other independent contractors | each receiving over \$100 | ,000 ▶ | | | | |
| | | | | | | | |
| | Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration | ned this return, including accomp n of preparer (other than officer) | panying schedules and sis based on all informat | statements, and to the be on of which preparer has | st of my any kn | knowl | ledge e |
| Sign | Gerard Wegener | | | 12/21/ | ر بر ل | d | |
| Here | Signature of officer Grecord Weeler | er President | | Date | | | |
| | Type or print name and title | 1 | | - | | | |
| Paid | Preparer's signature | Date | Check if self-employed ▶ | Preparer's identifying nu | mber (Se | e instruc | ctions) |
| Prepare | Firm s name (or | | | EIN Þ | | | |
| Use On | yours if self-employed), address, and ZIP + 4 | | | Phone no ▶ | | | |
| May th | e IRS discuss this return with the preparer show | n above? See instruction | | ▶ [| Yes | | No. |

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Name of the organization Employer identification number 75 2941967 **Center for Thomas More Studies** 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 c Type III-Functionally integrated d Type III-Other **b** Type II e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Yes No Yes **Total**

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

| Section A. Public Support | | | | | | | |
|---------------------------|---|---|--------------------------------------|--------------------------------------|--|----------------------------|--------------------|
| Cal | 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.") | 57,485 | 36,824 | 55,821 | 39,042 | 70,349 | 259,521 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Total. Add lines 1 through 3 | 57,485 | 36,824 | 55,821 | 39,042 | 70,349 | 259,521 |
| 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) | | | | | | 36,340 |
| 6 | Public support. Subtract line 5 from line 4. | | 450 | | 1. 1 整度主流线 | 47 (1) 15 (1) 15 (1) | 223,181 |
| | tion B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 57,485 | 36,824 | 55,821 | 39,042 | 70,349 | 259,521 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,256 | 1,119 | 2,534 | 2,058 | 1,015 | 7,982 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 8,265 | 2,724 | 2,142 | 11,942 | 3,197 | 28,270 |
| 11 | Total support. Add lines 7 through 10 . | 1 10000 | 1 1 mile - 1 1/4 | | | | 295,773 |
| 12 | Gross receipts from related activities, etc | - | • | | | 12 | 0 |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | ere | <u></u> | | n, or fifth tax y | | n 501(c)(3) ► □ |
| | tion C. Computation of Public Su | | | | | г., т | 75 % |
| 14 | Public support percentage for 2009 (line | • | - | | | 14 | |
| 15 16a | rubic support percentage non-2000 denedule A, rairt ii, iine 14 | | | | | | |
| b | 331/3 % support test-2008. If the organi | zation did not d | check a box on | line 13 or 16a, | and line 15 is | 33/3 % or more, | check this |
| 17a | box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b 18 | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization did | facts-and-circum ances" test. The | nstances" test, o organization qu | check this box alıfıes as a publı | and stop here . cly supported or | Explain in Part ganization | IV how the |

| _ | ale A (Form 990 or 990-EZ) 2009 | | | | 1/01 | | Pag |
|-----|--|---------------|------------------|-----------------|--------------|--|-----------|
| | Support Schedule for Orga (Complete only if you checked | | | |)(2) | | |
| | ion A. Public Support endar year (or fiscal year beginning in) | (-) 0005 | (h) 0006 | (a) 2007 | (4) 2009 | (-) 2000 | (6) Total |
| Jai | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | į | | | |
| | 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 | | | | | | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | _ | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| | 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 | | | | | | |
| • | Add lines 7a and 7b | | 2 2 207.630 | ****.000000x xx | Theoreteen) | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| | ion B. Total Support | | T | | 4.0.000 | T | |
| al | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 | | ļ | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
|) | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | ··· |
| ; | Add lines 10a and 10b | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | <u> </u> | | | |
| _ | First five years. If the Form 990 is for organization, check this box and stop | here | <u>.</u> | | | year as a section | |
| C | tion C. Computation of Public Su | | | | | | |
| | Public support percentage for 2009 (lir Public support percentage from 2008 | Schedule A, P | art III, line 15 | | | 15 | |
| ;C | tion D. Computation of Investmen | nt Income P | ercentage | | | | |
| | Investment income percentage for 200 | • | | - | | 17 | |
| | Investment income percentage from 20 | 200 Schodula | Δ Part III line | 17 | | 18 | |

19a 33\% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line

17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

| P | a04 | 9 4 | |
|---|-----|-----|--|
| | | | |

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. |
|--------------|--|
| Part II Line | e 10 is \$2070 in conference income, all of which went to cover conference expenses, and \$1,127 in |
| honoraria | received for speaking engagements of the Center's President |
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