

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

		e 2009 calendar year, or tax year			, 2009, and	ending J	UNP	30 ,20 (0
_		applicable Please C Name of c	ا منسل	(: / \	D Em	ployer iden	trication number
=	Name c	label or 1/+6/17 A	For Humanity	of neate	er Wath	erbrighter	06.	-1496952
=	initial re	print or injumber and	street (or P O box, if mail is not	delivered to street ad	Idress) Roo	om/suite (E Tel	ephone num	nber
	Termina	la		_		2	735	96-0014
=	Amende	d return	state or country, and ZIP + 4			F Gr	nun Evemi	ption
Ų.		on pending tions. Walt	en bury. CT	06722-	1881	NI.	mber ▶	5545
	• Sec	ction 501(c)(3) organizations and 4	1947(a)(1) nohexempt chari	itable truete muet	attach			Cash
		a completed Sch	edule A (Form 990 or 990-E	EZ).		Other (specif		A Column
		34H-15/ 37/ 6	11 1 1 1	^		H Check ▶	5 '	anization is met
ı V	Vebsi	te: NWW. Water	iory Itabitat.	026		required to a	ttach Sch	edule B (Form 990,
JT	ax-ex	empt status (check only one) – L	501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	990-EZ, or 9	uach Sche 90-PF\	edule 6 (Form 990,
K	Check	If the organization is not a	section 509(a)(3) supporting	Organization and d	la arear va ar			#
	orm 9	SO EZ OF FORM 330 Tetalif IS HOT TEC	juneu, buch the organizatio	IN CHOOSES to tile a	refurn he si	ire to file a comi	oloto rotum	than \$25,000 A
<u> </u>	du lille	s 5b, 6b, and 7b, to line 9 to determin	e gross receipts, if \$500,000	or more file Form 99	M inetaad of	Eom 000 EZ	Siete retur	n.
Pa	art I	Revenue, Expenses, an	d Changes in Net Ass	sets or Fund B	alances (See the inetri	etions f	or Port I \
	1	Contributions, gifts, grants, ar	nd similar amounts receiv				T-T-	7 1/1/ 7
	2	Program service revenue inclu					1 1	27.16
	3	Membership dues and assess	ments				2	80000
	4	Investment income	mento				3	<u> </u>
	5a	Gross amount from sale of as	note ather than inventor.	· · · · · ·	12 1		4	
	b	Less: cost or other basis and			5a		- 333	
	C				[5b]	. 0	100 miles	•
ē	6	Gain or (loss) from sale of ass	ats other than inventory (Subtract line 55	from line 5	a)	5c	<u> </u>
Revenue	_	Special events and activities (complete	s applicable parts of schedule of		ım gamıng, cı	neck here▶ ∐		•
ě	а		7 7 7 7 7 7	of contributions	t . + W	0100		
Œ		reported on line 1)			6a	1500		
	b	Less: direct expenses other th			6b 4	1500		•
l	C	Net income or (loss) from spec		(Subtract line 6b	from line 6	a)	6c	
- 1	7a	Gross sales of inventory, less	returns and allowances		7a			
- {	b	Less: cost of goods sold .			7b	 		
	С	Gross profit or (loss) from sale	s of inventory (Subtract I	ine 7b from line 7	'a)		7c	
- 1	8	Other revenue (describe ► _)	8	
_	_9_	Total revenue. Add lines 1, 2,		- DEC	- it //- is	<u> </u>	9	
1	10	Grants and similar amounts pa	aid (attach schedule) .	. REUL	EIVED	<u></u>	10	0
- (11	Benefits paid to or for membe	rs			၂တ္တု	11	0
es	12	Salaries, other compensation,	and employee benefits	18 . 101 9	መ ንከተሰ	161	12	
Expenses	13	Professional fees and other pa	lyments to independent (contractors! 4	9 2010	0	13	O
9	14	Occupancy, rent, utilities, and	maintenance	· [· - · · · · · · · · · · · · · · · · · 	<u></u>		14	
ழ	15	Printing, publications, postage	, and shipping	OGDÉ	N. UT		15	
l	16	Other expenses (describe					16	
	17	Total expenses. Add lines 10	through 16	<u> </u>	<u>. </u>	<u> ▶</u>	17	
S	18	Excess or (deficit) for the year	(Subtract line 17 from lin	ne 9)			18	
, ĕ	19	Net assets or fund balances	at beginning of year (fro	m line 27, colum	n (A)) (mu:	st agree with		
t Asse		end-of-year figure reported or	prior year's return) .				19	
	20	Other changes in net assets of	r fund balances (attach e	explanation)			20	
ž	21	Net assets or fund balances a				<u>.</u> . > _	21	
Pa	art II	Balance Sheets. If Total a	issets on line 25, column	(B) are \$1,250,0	00 or more	, file Form 990	instead o	of Form 990-EZ.
2 22			nstructions for Part II.)			(A) Beginning of		(B) End of year
22	C	ash, savings, and investments				61.00	8 22	18124
23		and and buildings, .				14.2	00 23	
24		ther assets (describe	the owner	1-027,00	es	7/20	28 24	1 1 1 1 1 1
25		otal assets				190	346 25	
23 24 25 25		otal liabilities (describe			٠. ٠		26	
) 20) <u>27</u>		et assets or fund balances (lin	e 27 of column (B) must	agree with line 2	1) .	1740	346 27	
<u> </u>		et assets of fund bulances (iii)				at No. 10642		orm 990-EZ (2009)5

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

Cat No 10642i

	t III Statement of Program Service Accom	plishments (See the inst	ructions for Part I	11.)	T	Fage Z
Wha	t is the organization's primary exempt numose?	Kuld lange C	10111111111		Je/Ron	Expenses
	THE THE WAS GOINGTON IN CANTUM OUT THE CITY	INDIVATIONS AVAINT NUME	1000 ln 0 0l00" a		5016	uired for section c)(3) and 501(c)(4)
man	ner, describe the services provided, the number (of persons benefited, and	other relevant info	rmation for	orga	nizations and section
each	program title.	,	and rolording hind	miledon ioi	4947	(a)(1) trusts; optional
28	Dold one home				Tor or	thers)
					1	
						1
	(Grants \$) If this amount	to be designed as		<u></u> -	}	000
29	The time difficulty	includes foreign grants, ch	eck here	<u>. ▶ []</u>	28a	84000
LJ	In process of huil	ding one ho	me	,		1
					İ	
	(A) . A				1	19742
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🛘	29a	14,170
30						
					{	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶□	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)			22	
Pari	IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ated. (See the	Instruc	tions for Part IV
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen	plans &	account and other allowances
	Losa Kehimaas	President		delared compen	SAUOII	Other allowances
	Navgatuck, CT	20	a	1 0	-	P
	Val Clauk	Vice Presiden				
	Saufi bullon CT	20	· A-	മ	_	-A-
 -	Alaclantinadak	Treasuren	—————	ļ		
	Viting overcer	2 7	a	P	_	<u>a</u>
	Woodward C			 		
			}	1		
			ļ			
				4		
						
				1		
		! 	L			
]	}	}	
		i		1	1	L
			1	1		
			 			
			ļ	İ		
		_ _	 			
			ł			
				 		
			 	 -		
				ļ.		
			 	 		
			1	}		
				 		
				1]
		<u></u>	<u> </u>			
			L			
				1		
		1	1	<u></u>		
		T		1		
		1		ļ		<u> </u>
		<u></u>			For	m 990-EZ (2009)

Part	Other Information (Note the statement requirements in the instructions for Part V.)		P	age 3
			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		V
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<i>3</i> 2.2.3
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	30		
ь	Did the organization file Form 1120-POL for this year?	37b	4224135	
38a	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?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		2	
	section 4911 ▶ Ø ; section 4912 ▶ Ø ; section 4955 ▶ Ø			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		A	
	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	40ь		/
С	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			
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		
41	List the states with which a copy of this return is filed. ▶			TT 10
	The organization's books are in care of Wesley T. Wencet Telephone no. > 20 Located at > 39 Curtics Meadon, Woodbury CT ZIP+4 > 06	5-10 198	61.	-4 U8 C
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	, u	, T	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	No
	account)?	42b	288	
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	i	V
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	· •	
			Yes	No ·
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		7
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		V
	Fo	rm 990	-EZ	(2009)

	501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charital itable trusts mus	ole trusts only. Ast answer question	All sec ons 4	ction 6–49	b	
46	Did the organization engage in direct or indirec candidates for public office? If "Yes," complete	t political campaign activiti	es on behalf of o	r in opposition to		Yes	No	
47	Did the organization angers in table time at the	Schedule C, Part I			46		V	
48	Did the organization engage in lobbying activities the organization a school as described in a set in	S? If "Yes," complete Sche	dule C, Part II .		47		V	
	Is the organization a school as described in section. Did the organization make any transfers to one	on 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	Ε	48		1	
b	Did the organization make any transfers to an exif "Yes," was the related organization a section 5				49a 49b		1	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, employees) who each received more than \$100,000 of compensated employees.							
	employees) who each received more than \$100,	000 of compensation from	the organization	officers, directors,	truste:	es an	d key	
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to		Expen		
	hours per week devoted to position deferred compensation						nd	
	Dhe			darened compensation	other	allowa	nces	
			}					

		·						
]				
f	Total number of other employees paid over \$100	non		L				
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor in the contractor in			pe of service	(c) Con	pensa	tion	
	Johe							
d	Total number of other independent contractors e	each receiving over \$100,00	0▶					
	Under penalties of penury, I declare that I have examine and belief, it is true, parrect, and complete Declaration	ed this return, including accompany of preparer (other than officer) is be	ring schedules and sta ased on all information	tements, and to the bes of which preparer has a	t of my iny kno	knowle wledge	dge	
Sign	. Whenh	_		9/20/	10			
Here	Signature of afficer Wessley Type or pnnt name and title	ensek, tr	easur.	Date P				
Paid	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	nber (See	Instruct	ions)	
Prepare	Fifth S lightle (c)		EII	v -				
Use On	y yours if self-employed), address, and ZIP + 4		Ph	one no 🕨				
May th	e IRS discuss this return with the preparer shown	n above? See instructions		▶ <u> </u>	Yes		(2009)	

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.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nan	g of	the organization	n				· · ·		7 5		Inspect	
<i>`\</i> ₽	a	b.ta+	Corpublic C	auity of G	reate	er Wa	uter b	vry, I	1 - N:	IUGI	ation number	
	_	nization is	Tior Public C	harity Status (All o	rganizati	ons mu	st comp	lete this	part.) S	ee instru	ctions.	
1	org.	A aburab -	ot a private toui	ndation because it is:	(For line	s 1 throu	gh 11, ch	neck only	one box	(.)		
2	H	A church, c	onvention of chi	urches, or association	of churc	hes desc	cribed in	section 1	170(b)(1)(A)(i).		
		A SCHOOL GE	iscribed in secti	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule F)	1					
3	믬	A nospital o	r a cooperative	hospital service organ	nization c	lescribed	in section	on 170(b)	(1)(A)(iii).			
4	_	hospital's na	esearch organiza ame, city, and st	ation operated in con tate:	junction	with a ho	ospital de	scribed i	n section	n 170(b)(1		
5		An organization 170	tion operated for (b)(1)(A)(iv), (Co	r the benefit of a colle	ege or un	versity o	wned or	operated	by a gov	emmenta	l unit desc	ribed in
6		A federal, st	ate, or local gov	remment or governme	ental unit	describe	nd in sect	ian 170/	h\/4\/A\/ _* /	4		
7		An organizat	tion that normally	y receives a substanti	al part of	its suppo	ort from a	dovom	oji i jimjiv, Santal uni	j. it on farm	A l	
		described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)	no suppi	מווים	governin	ternar um	it or from	tne genera	i public
8		A_communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II)					
9	X	An organizat	ion that normally	receives: (1) more th	an 33% %	of ite en	nantin,	m contrib	utions			
	<i>,</i>	receipts from	n activities relate	ed to its exempt func	tions—su	biect to	certain ex	rcentions	and (2)	no more	ip tees, and than 2214.0	d gross
		support iron	n gross investm	ent income and unre	lated bus	siness ta	xable inc	ome (les	s section	. 511 tax	from bus	inaccac
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	(a)(2). (Cd	omplete F	Part III.)	. 0 ,	r iroin bus	11 100000
10				nd operated exclusive						(2)(4)		
11		An organiza	tion organized a	and operated exclusive	elv for ti	ne henefi	it of to r	nerform t	he functi	one of o	r to com:	aut tha
		purposes of	one or more pul	blicly supported organ	nizations	describe	d in secti	on 509(a)	it) or sec	tion 509/	alio carry	out the
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting org	anization	and com	plete line	s 11e thr	a)(2). 000 s cuah 11h	ection
		a 🗌 Type					ctionally			_	Type III-0	7thor
A				tify that the organizat						נו ט	nype III~	Julier Valetia d
Ī	_	persons other	er than foundation	n managers and othe	r than on	e or more	neu unec	SUPPORTA	d organiz	y une ur ratione do	ecribed in	Delition
		509(a)(1) or s	section 509(a)(2)	a lagoro ana otrio	, than on	0 01 111070	publicly	adphore	u organiz	auons ue	SCHDEU III	SECTION
f		• • • •	• • • •	a written determinati	on from	the 100 t	that it is	a Time i	Time !!	T.	111	
•			check this box	a whiteh determinati	OH HOH	uie ino	mat it is	a rype i	, туре п,	or type	iii suppor	ung —
_		•		the organization acce				n from a	nv of the			. [_]
g		following per		the organization acce	pied any	gill or c	ontributio	ni ironi a	ny or the			
				indicate camerals	ithar ala			h =====	مامممیناد	and in fil	Yes	No
		• •	-	r indirectly controls, e		_		n person	s descrit	eu in (ii)	11g(i)	+
			•	ning body of the supp		-					11g(ii)	+
		(II) A family	member of a pe	rson described in (i) a of a person described	1DOVE ((u) obovo				• •	11g(iii)	+
L				ation about the suppo							1. 13/1/1	
<u>h</u>			(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou potrfy	fvi) li	the the	(vii) Amou	ent of
(1)		of supported anization	(II) ERV	(described on lines 1-9		sted in your	the organ		organizati	ion in col	suppo	
				above or IRC section	governing	document?		of your	(i) organiz ປ່າ	zed in the		
				(see instructions))	Yes	No	Yes	No.	Yes	No		
					Tes	140	162	140	163	,,,,		
					}					1		
					 	ļ — —		 -				
			1		}	[l	}				
					 		 	<u> </u>	} -			
						1		[]]]		
			 	 	 		 	 	 			
					}	}	}	}	Ì			
					}	 	 	 				
			l				20021 200 200 200	2007		EDROTICE SE		
				lands out the								
Tota	ıl		经企业	性。然為特別的政策	P WAR			1867年	第 %高度	京跨域影響		

	(Complete only if you chec	ganizations i	Described in	Sections 17	70(b)(1)(A)(iv) '	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	WEG THE DOX	On line 5, 7,	or o or Part	<u>-</u>		
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
ì	Gifts, grants, contributions, and		14/0		ļ	1	177.132
	membership fees received. (Do not include any "unusual grants")		62019				
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		14				
4	Total. Add lines 1 through 3	05-18-10 W-10-10-10-10-10-10-10-10-10-10-10-10-10-	62019				
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	Public support. Subtract line 5 from line 4				34.24	4616 XX	
	tion B. Total Support	,					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	<u> </u>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			W 172500 5485 768 1779 5	Section May	L=07 X= V02 X=1	
11	Total support. Add lines 7 through 10 ,				20.00		<u> </u>
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re				ear as a section	in 501(c)(3)
<u>3ec</u> 14	Public support percentage for 2009 (line			L column (fl)		14	%
	Public support percentage for 2008 Sci			1, CORGITAT (1))		15	%
15 16a	33% % support test—2009. If the organi			on line 13, and	line 14 is 331/49	6 or more, che	ck this box
100	and stop here. The organization qualifies						▶[
b	331/3 % support test—2008. If the organi box and stop here. The organization qua	zation did not o	check a box on	line 13 or 16a,	and line 15 is	331/3 % or more	, check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	109. If the organ	ization did not o	check a box on check this box	line 13, 16a, or and stop here.	16b, and line 1 Explain in Part	4 is 10% or IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box alifies as a publi	and stop here. cly supported or	Explain in Part ganization	IV how the ▶ 1
18	Private foundation. If the organization did	i not check a bo	ox on line 13, 16	a, 16b, 17a, or	17b, check this	box and see ins	tructions 🕨

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.)

Sec	ction A. Public Support		11 1110 3 01 1 2	ant 1.)			
С	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
i	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		Grosa	35845	64752	-24167	181780
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					7	DON 100
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		62019	35842	64752	24167	186790
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						
С	Add lines 7a and 7b	Control Control	ako 15 Santak Gabatan				
8	Public support (Subtract line 7c from line 6.)		62019	3 Y 842	6475E	VY117	186780
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0) 0000	(f) Total
9	Amounts from line 6	(a) 2005	62019	35842	64752	(e) 2009 24167	186780
	Gross income from interest, dividends.		D G G G	03 0 10	21732	21101	10 4 109
	payments received on securities loans, rents, royalties and income from similar sources		2496	2496	2411	0	788
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						7
C	Add lines 10a and 10b		2496	2496	2496	-	7488
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,		64575	38338	67248	24167	194 48
14	and 12.) First five years. If the Form 990 is for organization, check this box and stop	here	n's first, secor		, or fifth tax ye	ear as a section	501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin			e 13, column	(f))	15	<u>%</u> %
16 Sac	Public support percentage from 2008 tion D. Computation of Investme	nt Income Po	ercentage			16	76
	Investment income percentage for 200			t by line 13 ce	nlumn (fl)	17	%
17 18	Investment income percentage for 200 Investment income percentage from 200					18	%
19a	331/3 % support tests - 2009. If the ord	anization did n	ot check the b	ox on line 14, a	ınd line 15 is m	ore than 33% 9	6, and line
	17 is not more than 331/4 %, check this b	oox and stop he	e re. The organi	zation qualifies	as a publicly s	upported orga	nization ► ⊔
b	331/3 % support tests - 2008. If the orga line 18 is not more than 331/3 %, check th	is box and stop	here. The orga	nizatıon qualifie	s as a publicly s	supported organ	nization > 🗀
20	Private foundation. If the organization	ald not check	a box on line	14, 19a, or 19b	, CRECK THIS DO	dule A (Form 990	or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17, and Part III, line 12, Provide any other additional info					
Mon	o					
	·					
·						
-						