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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

B Check - spinistrate   Name changes   Name changes   Name of organization   Name changes   Nam	A	For the	e 2009 calend	ar year,	or tax year beginning	JULY 1	, 2009,	and end	ling J	UNE 30	)	, 20	10
Name duration   Part   Post   Part	B Check if applicable				C Name of organization				D Empl	oyer ide	ntıfica	ion numb	er
Number and absent primar damps   Part of		Address	change		EDUCATION FOUNDATION	OF YUMA COUNTY				86	-0609	864	
Terminated   September   Pink   Strat   National   September   Pink   Strate   Pink   Strate   Pink   Pi	님		-	print or	Number and street (or P O box,	f mail is not delivered to s	treet address)	Room/s	uite E Telep	hone nu	mber		
Anyelection pending   Septentic   City or town, state or country, and ZIP + 4   F Group Exemption   Number > Section 501(c)(3) or ganizations and 4947(e)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 980 or 980-EZ).   G Accounting Wethod ② Cash ☐ Accrual Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential or Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no) ☐ 4947(e)(1) or ☐ 527   Septential Other (specify)   Tax-exempt status (check only one) — ☑ 501(c) € (specify) © 500(c) € (specify) ©	H				210 S 1ST AVENUE					928	3-373-	1006	
Number	H			Specific	City or town, state or country, an	d ZIP + 4		1	E Grou	ın Ever	nntion		
Section 501(p(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 980 or 990-EZ).   G Accounting Method	H				YUMA AZ 85364					•			
Website: ►	=	•		organi	· · · · · · · · · · · · · · · · · · ·	mat charitable trusts	must stack	G				ach $\square$ A	corual
Website: ►												3311 🗀 🔿	cciuai
Website: ►   required to attach Schedule B (Form 990, Jax-exempt status (check only one) — ☑ 501(c)( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527   590-EZ, or 990-EZ,		-					<del></del>					*****	
Tax-exempt status (check only one)		Mahei	ito: ►										
Check				check o	nly one) — [7] 501(c) ( 3 )	(insert no.) 1 4947(	)(1) or	_	•		riedule	B (FOIII)	990,
Form 990-EZ or Form 990 returns an ot required, but if the organization chooses to file a return, be sure to file a complete return										<u>-</u>		<b>*</b> 05 000	
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)												1 \$25,000	. А
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1										iete reti	1111		21100
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   0   0										ctions	for D	ort I \	21199
2	-	_						<b>63</b> (36)	e ale ilisad		101 F	ait i.j	10500
3   Membership dues and assessments   3   0		1		_	-					<del></del>			
4		1				ent tees and contrac	ts						
Sa Gross amount from sale of assets other than inventory   Sa   0   0   0   0   0   0   0   0   0		1											
b Less: cost or other basis and sales expenses										4			645
C   Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   Soc   O		1 .				•			. 0				
Special events and activities (complete applicable parts of Schedule G), if any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ 16520 of contributions reported on line 1).		1			•			L					_
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross sales of inventory, less returns and allowances decomposition of the season of the se	Φ			-		• •				5c			0
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross sales of inventory, less returns and allowances decomposition of the season of the se	Ē	6											
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c (8359) 7a Gross sales of inventory, less returns and allowances 7b 0  b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0  8 Other revenue (describe ▶ ) 8 8 0  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 11 Professional fees and other payments to independent contractors 13 0  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ ) 16 0  17 Total expenses. Add lines 10 through 16 . ▶ 17 5498 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 20 6  Net assets or fund balances at end of year. Combine lines 18 through 20	š	a		-			1						
C   Net income or (loss) from special events and activities (Subtract line 6b   from line 6a)   Go   Gross sales of inventory, less returns and allowances   Table	ď								12840				
7a    Gross sales of inventory, less returns and allowances   7a    0    7b    0    0    0    0    0		b	Less. direc	t expe	nses other than fundraising	expenses	. 6b	<u> </u>	21199				
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe ▶ 9 8806 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 0 11 0 0 11 0 0 11 0 0 11 0 0 0 0 11 0 0 0 0 11 0		C	Net income	e or (los	ss) from special events and	activities (Subtract I	ine 6b from	ļine 6a)		6c			(8359)
C   Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   0		7a	Gross sale	s of inv	entory, less returns and all	owances	. <b>7a</b>		0				
8 Other revenue (describe ► 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED		b	Less: cost	of goo	ds sold		. 7b		0				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 DEC 0 6 2010 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 20 6 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 45588  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 32 Land and buildings 33 Cother assets (describe ► 34 Cother assets (describe ► 36 Total liabilities (describe ► 36 Total liabilities (describe ► 38 Cother assets (describe ► 39 Cother changes in net assets or fund balances (attach explanation) 30 Cother changes in net assets or fund balances (attach explanation) 31 Cother changes in net assets or fund balances (attach explanation) 32 Cother changes in net assets or fund balances (attach explanation) 30 Cother changes in net assets or fund balances (attach explanation) 31 Cother changes in net assets or fund balances (attach explanation) 32 Cother changes in net assets or fund balances (attach explanation) 32 Cother changes in net assets or fund balances (attach explanation) 31 Cother changes in net assets or fund balances (attach explanation) 32 Cother changes in the fund in		C	Gross prof	it or (lo	ss) from sales of inventory	Subtract line 7b fror	n line 7a) .			7c			0
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 2.		8		•					)	8			0
10   Status and similar amounts paid (attach screedule)   11   11   12   12   13   13   14   15   15   15   15   15   16   16   17   17   18   18   18   18   19   19   19   19		9	Total reve	nue. A	<u>dd lines 1, 2, 3, 4, 5c, 6c, 7</u>	c, and 8 . DE	PEI/ED		<b></b>	9			8806
Salaries, other compensation, and employee benefits 2. DEC 0 6. 2010 .		10	Grants and	d sımıla	r amounts paid (attach schi	edule)				10			5470
Professional fees and other payments to independent contractors		11	Benefits paid to or for members										0
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16	es	12	Salaries, of	alaries, other compensation, and employee benefit . DEC 0 6. 2010 .   🍎									0
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16	Sus	13	Profession	ai fees	and other payments to inde		13			0			
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16	ğ	14	Occupancy	y, rent,	utilities, and maintenance		7 T A 7 1 17	;;; ≒		14			0
17 Total expenses. Add lines 10 through 16	Ŵ	15	Printing, pi	ublicati	ons, postage, and shipping		JĖIŅ, U	<u> </u>		15			28
18		16							)	16			0
18		17	Total expe	enses.	Add lines 10 through 16 .	<u> </u>			<u> </u>	17			5498
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   45588	ठ	18	Excess or	(deficit)	for the year (Subtract line	17 from line 9)							3308
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   45588	se	19					column (A))	(must	agree with				
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   45588	As		end-of-yea	ar figure	e reported on prior year's re	turn)				19			42274
21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   45588	<u>e</u>	20	Other char	nges in	net assets or fund balances	s (attach explanation	)			20			6
(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22       Cash, savings, and investments       42274       22       45588         23       Land and buildings       23         24       Other assets (describe ►       )       24         25       Total assets       42274       25       45588         26       Total liabilities (describe ►       )       26	_	21	Net assets	or fund	d balances at end of year. (	Combine lines 18 thre	ough 20 .		▶	21			45588
22       Cash, savings, and investments	F	art II	Balance	Shee	ets. If Total assets on line 2	5, column (B) are \$1	,250,000 or	more, fi	le Form 990	instea	d of F	orm 990	-EZ.
23       Land and buildings					(See the instructions for	Part II.)			(A) Beginning of	year	(В	End of ye	ar
23       Land and buildings	2	<b>2</b> C	ash, savings	, and in	vestments					2274	22		45588
24       Other assets (describe ►       )       24         25       Total assets	2									:	23		
25 Total assets	2							,					
26 Total liabilities (describe ▶) 26	2							二.					45588
· · · · · · · · · · · · · · · · · · ·	20							_, [			_		
	_2	7 N	let assets or	fund b	palances (line 27 of column	(B) must agree with	line 21) .	<u> </u>					45588

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

Cat No 10642I

Form **990-EZ** (2009)

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Part		· · · · · · · · · · · · · · · · · · ·			_	Expenses
	is the organization's primary exempt purpose?					uired for section
Desc	ibe what was achieved in carrying out the org	ganization's exempt purpo	ses. In a clear a	nd concise		c)(3) and 501(c)(4)
	er, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts; optional
each	orogram title.					thers)
28	AWARDS MINI-GRANTS TO TEACHERS TO FUND C	I ASSECTM PROJECTS THA	T IMPROVE THE O	IIALITY	1	T
20		LASSROOM PROJECTS THA		UALITY		
	OF EDUCATION FOR STUDENTS					
			•••••			
	Grants \$ 2470.) If this amount	includes foreign grants, ch	eck here	. ▶ 🔲	28a	2470
29	AWARDS THREE \$1,000 SCHOLARSHIPS TO STUD	ENTS THAT ARE WORKING T	OWARDS THEIR D	EGREE		
	IN EDUCATION AND ARE ATTENDING NORTHERN A	ARIZONA UNIVERSITY-YUMA	CAMPUS			
		i i				
	Grants \$ 3000.) If this amount	includes foreign grants, ch	ack hara	<b>▶</b> □	29a	3000
	TEACHER OF THE YEAR BANQUET TO HELP THE (				23a	3000
				DUCATION		
	IN OUR COUNTY. ATTENDANCE IS USUALLY BETY	VEEN 800 AND 1000 PEOPLE	: 			
		includes foreign grants, ch			30a	21227
31 .	Other program services (attach schedule)	entropies de la companya de la comp		: •		• •1
	Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a	through 31a)		>	32	26697
Part		Employees. List each one e	ven if not compense	ted. (See the	ınstruc	
		(b) Title and average	(c) Compensation	(d) Contributio	•	(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
	140 T/DEE	devoted to position	enter -0)	deferred comper	nsation	other allowances
	AS TYREE	SECRETARY/TREASURER				
	1ST AVENUE, YUMA, AZ 85364		0		0	0
TOM	RUSH	PRESIDENT				
182 E	16TH STREET, STE D, YUMA, AZ 85364	PRESIDENT	0		0	0
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Fart	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		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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			<del> </del> -
	6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		_
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	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	30		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		<b>-</b>
39	Section 501(c)(7) organizations Enter:	1		ł
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. 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	40b		✓
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	· ·		
đ	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. ▶			
42a	The organization's books are in care of ▶ YUMA COUNTY SCHOOL SUPERINTENDENT Telephone no. ▶	(928)3	73100	 6
	Located at ► 210 S 1ST AVENUE, YUMA, AZ ZIP + 4 ►	853	364	
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	-
	account)?	42b		✓
	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.			
_				,-
	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: ▶	42c		<b>_</b> ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. !	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1		Гъ-
44	Did the organization maintain any donor advised funded if "Vee " Form 000 must be appropriated under a funded in the community of the communit		Yes	No
77	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	-		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		<b>✓</b>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	
		•	\ E7	

Part VI

Part \	7 S 5 a	ection 501(c)( 01(c)(3) organi nd complete th	3) organizations and se tations and se tables for li	ons and s ection 494 nes 50 an	section 4947( 17(a)(1) nonex d 51.	a)(1) none empt chari	<b>xempt</b> table tru	<b>charitab</b> usts mus	le trusts only. At answer question	All sec	tion 6–49t	) )
	Did the	e organization er	ngage in direct	or indirect	political camp	aign activitie	es on be	half of or	in opposition to	46	Yes	
	candidates for public office? If "Yes," complete Schedule C, Part I											
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II											<b>√</b>
		," was the relate					_			49a 49b		
50	Compl	ete this table for	the organization	on's five his	ghest compens	ated employ	yees (oth	ner than o	fficers, directors, there is none, er	truste	es and	d key
					(b) Title and			pensation	(d) Contributions to		Expen	
	(a) Nam	e and address of eac than \$100,		nore	hours per devoted to	week			employee benefit plans & deferred compensation	ac	count a	nd
					devoted to	Josition			uoronea eemperioacion	Other	allowa	ices
										-		
								** * * *				
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					······			<del> </del>				
f		umber of other e								<u> </u>		
		00 of compensa					one "	(b) Typ	e of service	(c) Cor	mpensa	
			<del>.</del>									
d	Total n	umber of other in					0	<b>&gt;</b>		-		
	Ur an	nder penalties of	ury, I declare that I rect, and complete	have examine Declaration	d this return, include of preparer (other the	ing accompany nan officer) is ba	ing schedu ased on all	ules and stat information	ements, and to the be of which preparer has	st of my any kno	knowle	dge
Sign Here	<b>)</b>	Signature of office THOMAS C. TY Type or print name	REE, SECRETA	ZVL.	RER				#-19-;0 Date			
Paid Propara	sig	reparer's gnature				Date	Chec self- empl	ck if loyed ▶ 🏻	Preparer's identifying nui	nber (See	 e instruct	ions)
Prepare Use Onl	y yo	m's name (or urs if self-employed), Idress, and ZIP + 4	<b>)</b> ——				•	EIN	Done no ▶			
May the		iscuss this return	with the prepa	arer shown	above? See in	structions			, , , <b>▶</b> Γ	Yes		10
-									Fc	rm <b>99</b> 0		

#### 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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **EDUCATION FOUNDATION OF YUMA COUNTY** 0609864 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.) 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. 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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). 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 D 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . . . . . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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? 11g(i) 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(m) Provide the following information about the supported organization(s). (i) Name of supported (n) 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 (see instructions)) support? Yes Yes Yes Total

	Support Schedule for Org (Complete only if you chec	j <b>anizations I</b> ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and	170(b)(1	)(A)(vi)
	tion A. Public Support							
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</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 organization's benefit and either paid to or expended on its behalf				<u> </u>			
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 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.							
Sec	tion B. Total Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
7	Amounts from line 4							
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)							
11	Total support. Add lines 7 through 10 .							
12	Gross receipts from related activities, etc	(see instruction	ons) .			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re .	• •					
	tion C. Computation of Public Sup							<del></del>
14	Public support percentage for 2009 (line 6	***	•	1, column (f))		14		<u>%</u>
15	Public support percentage from 2008 Sch	•	•			15		<u></u> %
16a	33% % support test-2009. If the organize							
	and stop here. The organization qualifies							
b	33% % support test—2008. If the organiz						or more.	check this
	box and stop here. The organization qua							. ▶ ⊔
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circur	mstances" test,	check this box	and stop here.	Expla	ın ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	. If the organiza acts-and-circum inces" test. The	tion did not cheonstances" test, of organization qua	ck a box on line check this box a alifies as a public	13, 16a, 16b, o and <b>stop here</b> . cly supported or	r 17a, i Explaii ganiza	and line 15 n in Part tion	5 is 10% or IV how the ▶ □

# 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	ed the box of	Tille 9 OF Pa	rt 1.)			
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	alched year (or nood) year beginning in	(a) 2005	(b) 2000	(6) 2007	(4) 2000	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	10100	13500	15000	16500	16520	71620
2	any "unusual grants ") Gross receipts from admissions, merchandise		,,,,,			10020	1.020
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16200	13618	19575	15632	12840	77865
•	• • •						
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 .	00000		04575	20420		
6	Total. Add lines 1 through 5	26300	27118	34575	32132	29360	149485
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	<del></del>			***		
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			-			
8	Public support (Subtract line 7c from line 6)						149485
Sec	tion B. Total Support						140400
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	26300	27118	34575	32132	29360	149485
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	703	1113	1184	903	645	4548
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	703	1113	1184	903	645	4548
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)	27003	28231	35759	33035	30005	154033
14	First five years. If the Form 990 is for to organization, check this box and stop to	the organizatio		nd, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su				_	····	
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column (	f))	15	97 %
16	Public support percentage from 2008 S	Schedule A, Pa	art III, line 15			16	97 %
Sec	tion D. Computation of Investmer	t Income Pe	ercentage				
17	Investment income percentage for 2009	(line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	3 %
18	Investment income percentage from 20	08 Schedule A	A, Part III, line	17		18	3 %
19a	331/3 % support tests – 2009. If the orga						
b	33½ % support tests – 2008. If the organ line 18 is not more than 33½ %, check this	zation did not	check a box on	line 14 or line 1	l9a. and line 16	s is more than 3	31/4 %, and
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2009