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# 990-EZ

#### **Short Form** Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009, and ending . 20 A For the 2009 calendar year, or tax year beginning 10 July 1 June 30 C Name of organization D Employer identification number B Check if applicable Address change **ROTARY DISTRICT 5000 FOUNDATION** 99-0339185 label or Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number print or Initial return type. c/o Roy King 619 Onaha Street 808-737-1991 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc tions. HONOLULU, HI 96816 Application pending Number ▶ G Accounting Method: ☑ Cash ☐ Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► If the organization is not required to attach Schedule B (Form 990, I Website: ▶ 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 135,432 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . . 99,658 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . . . . . 4 14 4 5a Gross amount from sale of assets other than inventory 5a þ Less: cost or other basis and sales expenses . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . C 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here ▶ ☐ Gross revenue (not including \$ \_ \_\_ of contributions 6a 35,760 6b b Less: direct expenses other than fundraising expenses . . . . C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 23,915 6c Gross sales of inventory, less returns and allowances . . . . . 7a 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe ► 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 123,587 9 10 Grants and similar amounts paid (attach schedule) . 10 67,095 11 Benefits paid to or for members . . . . . . . 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors P 13 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping . 43,668 15 16 Other expenses (describe Scholarships (31,344) Bank Fees (138) 31,482 16 Total expenses. Add lines 10 through 16 . . . . 17 142,245 17 18 (18,658)18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 108,625 20 Other changes in net assets or fund balances (attach explanation) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 89.967 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 108,625 22 Cash, savings, and investments . . . . . 89,967 23 23 24 Other assets (describe ▶ 24 25 Total assets . . . 108,625 25 89,967 26 Total liabilities (describe ▶ 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 108,625 27 89.967



Par	Statement of Program Service Accom	<b>plishments</b> (See the i	nstr	uctions for Part II	l.)		Expenses
Wha	is the organization's primary exempt purpose?	Youth Education, Comr	nuni	ty Welfare and Sup	port		ired for section
	ribe what was achieved in carrying out the org						)(3) and 501(c)(4) uzations and section
manı	ner, describe the services provided, the number o	f persons benefited, a	nd c	ther relevant info	rmation for	. ~	a)(1) trusts, optional
each	program title.					for ot	
28	Private scholarships to those in need to better their	notential to serve the hu	man	race		$\vdash \neg$	<del></del>
20	Treate Seriolation po to those in need to better them.						
	10 1 A					000	31,344
	(Grants \$ ) If this amount		i, cn	eck nere	. ▶ ⊔	28a	31,344
29	Dictionaries and education supplies to elementary so	cnool Students					
	(Grants \$ 7,500) If this amount		, ch	eck here	. ▶ ⊔	29a	43,553
<b>3</b> 0	Contributions to other community welfare programs						
			<del>-</del>				
	(Grants \$ ) If this amount	includes foreign grants	, ch	eck here	▶ □	30a	67,095
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)		· · · · · ·	▶	32	141,992
Par	List of Officers, Directors, Trustees, and Key	Employees. List each o	ne e	en if not compensa	ted. (See the	instruc	tions for Part IV.)
		(b) Title and average		(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position		(If not paid, enter -0)	employee benefit deferred compe	plans & nsation	account and other allowances
	Foster			<u> </u>			
	-A Palolo Ave., Honolulu, HI 96816	President	1	-0-		-0-	-0-
	Steelquist					-0-	
	Tantalus Drive, Honolulu, HI 96822	Vice President	1			•	_
				-0-		-0-	0-
	Braden	Secretary	1	_			_
	Lunaai Street, Kailua, Hl 96734	<u> </u>		-0-		-0-	-0-
Roy		Treasurer	1				
	Onaha Street, Honolulu, HI 96816			-0-		٠٠-	
Aym	an El-Dakhakhni	Director	1				
563	Kahiau Loop, Honolulu, HI 96821	Director		-0-		-0-	4
Nala	nì Flinn	Director	1				
PO E	lox 2426, Waianae, HI 96792	Director	'	-0-		-0-	-0-
Ed F	ong	Discortion					
820 I	fililani Street, Honolulu, HI 96813	Director	1	-0-		-0-	-0-
Geo	ge Fontaine						
3157	Waakea Place, Kihei, HI 96753	Director	1	-0-		-0-	-0-
Jame	es Varner						
5324	Hind Place, Honolulu, HI 96821	Director	1	-0-		-0-	-0-
	ace Wong						
	ox 247, Honomu, HI 96728	Director	1	-0-		-0-	-0-
	ie Yoshida						
	ox 3717, Lihue, HI 96766	Director	1	-0-		<b>-</b> 0-	-0-
	0x 37 17, Linde, 111 30700			7-			
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		<del></del>					
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Form 99	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
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. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	-		
a	6033(e) notice, reporting, and proxy tax requirements?	35a	<u> </u>	<b>✓</b>
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   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 or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
С	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		<b>✓</b>
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
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		✓
41	List the states with which a copy of this return is filed. ▶ Hawaii			
42a	The organization's books are in care of ▶ Roy King  Located at ▶ 619 Onaha Street, Honolulu, HI  ZIP + 4 ▶		7-199 <sup>.</sup> 316	1
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		<b>\</b>
	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.			
С	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		<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	-	_
<b>45</b>	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		<b>√</b>
		000		

Signature of officer  Ruy E. King TR. TReasurer and Director  Type or print name and title  Date  Date  Date  Department of the standard of th	r ait vi	501(c)(3) organization and complete the to	ons and section 49	section 4947(a)(1) none 47(a)(1) nonexempt chaind 51.	exempt charitab ritable trusts mus	ol <b>e trusts only.</b> A stanswer questic	ns 46	tion 5-49k	)
Did the organization engage in lobbying activities? If "Yes," complete Schedule E.   48   √    8 Is the organization a school as described in section 170(h(N(N))? If "Yes," complete Schedule E.   48   √    9 Did the organization as school as described in section 170(h(N(N))? If "Yes," complete Schedule E.   48   √    9 Did the organization as action is section 170(h(N(N))? If "Yes," complete Schedule E.   48   √    9 Did the organization as action 170(h(N(N))? If "Yes," complete Schedule E.   48   √    9 Did the organization as action 170(h(N(N))? If "Yes," complete Schedule E.   48   √    9 Did the organization as the schedule 150    9 Did the sche					ties on behalf of or	in opposition to		Yes	No
the the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	ca	andidates for public office	? If "Yes," complete	Schedule C, Part I			46		✓_
Did the organization make any transfers to an exempt non-charitable related organization?									<u>√</u>
b if "Yes," was the related organization? \$72 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Compensation from the organization from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization of preparer (other than officers) is based on all information of which prepare has any knowledge and belief, it is tige, correct, and complete. Declaration of preparer (other than officers) is based on all information of which preparer has any knowledge and belief, it is tige, correct, and complete. Declaration of preparer (other than officers) is based on all information of which prepare has any knowledge and belief, it is tige, correct, and complete. Declaration of preparer (other than of					•		48		<u>√</u>
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employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 (b) Title and wave empty hours per week devoted to position (c) Compensation (d) Courributions to employee benefit plans (c) Compensation (d) Courributions to employee benefit plans (c) Courributions to different compensation of other altowances.  **Total number of other employees paid over \$100,000 .    **Total number of other employees paid over \$100,000 .    **Total number of other employees paid over \$100,000 .    **Total number of other employees paid over \$100,000 .    **Total number of other employees paid over \$100,000 .    **Total number of other employees paid over \$100,000 .    **Total number of other independent contractor paid more than \$100,000 .    **Total number of other independent contractor paid more than \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .    **Total number of other independent contractors each receiving over \$100,000 .									_✓_
(a) Name and address of each employee paid more than \$100,000									d key
(a) Name and address of each employee paid more than \$100,000   Author and address of each employee paid over \$100,000   Author and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid more than \$100,000   Author and address of each independent contractor paid independent contractors and address of each independent contractor paid independent contractors who each received more than \$100,000   Author and address of each independent contractor paid independent contractors who each received more than \$100,000   Author and address of each independent contractor paid independent contractors who each	en	nployees) who each rece	ived more than \$100		<u> </u>		_		
f Total number of other employees paid over \$100,000    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE  d Total number of other independent contractors each receiving over \$100,000    Under penalties of penury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true. Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Proparer's Signature of officer  Type or print infane and title  Preparer's Signature of officer  Alson A. Nelson, CPA  Alson A. Nelson, CPA  Alson A. Nelson, CPA  Alson A. Nelson, CPA  Sol-485-1817	(a)		ployee paid more	hours per week	(c) compensation	employee benefit plans &	ac	count a	nd
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 . ▶ 40-  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Preparer's  Signature of officer  Type or print name and title  Preparer's  Signature of officer  Type or print name and title  Preparer's  Signature of officer  Allson A. Nelson, CPA  BIN ▶  38-1607 Piki Street, Alea, HI 95701  Phone no ▶ 808-485-1817	NONE			-					· · ·
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 . ▶ 40-  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Paid  Preparer's  Signature of officer  Type or print name and title  Preparer's  Signature of officer  Type or print name and title  Preparer's  Signature of officer  Allson A. Nelson, CPA  BIN ▶  38-1607 Piki Street, Alea, HI 95701  Phone no ▶ 808-485-1817				-				· • <u>-</u>	
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\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000  Lunder penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Preparer's  Signature of officer  The preparer's  Signature of officer  The preparer's identifying number (See instructions)  Preparer's  Signature of officer  Alison A. Nelson, CPA  Sulse Only  Alison A. Nelson, CPA  Self-employed, Alison A. Nelson, CPA  Self-employed, Alison A. Nelson, CPA  Phone no  808-485-1817	<b>f</b> To	otal number of other emp	loyees paid over \$10	0,000 ▶	-0-	_			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Signature of officer  Type or print name and title  Preparer's signature  Preparer's signature  Preparer's identifying number (See instructions)  Firm's name (or yours if self-employed), address, and ZIP + 4  Allson A. Nelson, CPA  98-1607 Piki Street, Aiea, HI 96701  Phone no  808-485-1817	NONE	(a) Name and address of ea	ch independent contractor	r paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npensa	tion
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Signature of officer  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Alison A. Nelson, CPA  98-1607 Piki Street, Aiea, HI 96701  Phone no  808-485-1817									
and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Signature of officer  Signature of officer  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Alison A. Nelson, CPA  98-1607 Piki Street, Aiea, Hi 96701  Preparer's based on all information of which preparer has any knowledge  Date  Date  Check if self-employed ▶ ✓  Preparer's identifying number (See instructions)  EIN ▶  98-1607 Piki Street, Aiea, Hi 96701  Phone no ▶ 808-485-1817	d To	otal number of other inde	pendent contractors	each receiving over \$100,0		-0-			
Signature of officer    Roy E. King TR.   TReasurer and Director   Type or print name and title		Under penalties of perjury, I and belief, it is true, correct	declare that I have examin and complete. Declaration	ned this return, including accompa n of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the best of which preparer has	any kno	knowle wledge	dge
Preparer's Use Only    Sugnature   Cluston	Sign Here	Signature of officer  Roy E.  Type or print name and	King TR,	TReasurer and	l Director	Septem Date	ber	.9,	<u>20</u>
Firm's name (or yours if self-employed), address, and ZIP + 4  Alison A. Nelson, CPA  98-1607 Piki Street, Aiea, HI 96701  Phone no  808-485-1817	Paid Propagator	signature ( )	en Q. Nels		l lealf	Preparer's identifying num	nber (Se	 e instruct	ions)
yous it seri-employed, address, and ZIP + 4 98-1607 Piki Street, Alea, HI 96701 Phone no ▶ 808-485-1817	•	rum s name (or	Alison A. Nelson, CP	<u> </u>		<b>√</b>			
	ose Uniy		98-1607 Piki Street, A	iea, HI 96701			3-485-1	817	
	May the If	RS discuss this return wi	th the preparer show	n above? See instructions					lo

#### 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

RO	ΓAR	Y DISTRICT	5000 FOUNDAT	ION					99	(	0339185	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	inization is n	ot a private four	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box.	)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(/	4)(i).		
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital or	r a cooperative I	nospital service organ	nization d	escribed	ın <b>sectic</b>	n 170(b)	(1)(A)(iii).			
4			esearch organiza ame, city, and st	ition operated in conj ate:	junction \	with a ho	spital de	scribed i	n <b>section</b>	170(b)(1	)(A)(iii). Ent	er the
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the colle	ge or uni	versity o	wned or	operated	by a gov	ernmenta	I unit descri	ıbed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(	b)(1)(A)(v)	) <b>.</b>		
7	V	_		/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental uni	t or from	the general	public
8				d in section 170(b)(1)		Complete	Part II.)					
9		receipts from	n activities relate n gross investm	receives: (1) more that ed to its exempt function ent income and unreal after June 30, 1975.	tions—su elated but	ibject to i siness ta	certain e xable ind	xceptions come (les	s, and (2) ss section	no more	than 331/3 %	of its
40	$\overline{}$		J	•				•	•	()(4)		
10		_	-	nd operated exclusive	-	-	-					مطاح المناد
11		purposes of	one or more pu	and operated exclusively blicly supported organiting the supported organited the type.	nizations	describe	d in sect	on 509(a	)(1) or sec	ction 509	(a)(2). See <b>s</b>	
		a 🗆 Type				e III–Fun			•		Type III-C	)ther
е		• •		tify that the organizat			-	•			• •	
	_	persons other		n managers and othe								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I. Type II	or Type	elli support	ina
		_	, check this box									.  □
g		•		the organization acce	epted any	gift or c	ontribution	on from a	any of the	;		
Ī		following pe		J					•			
		(i) A persor	who directly or	r indirectly controls, e		_	•	th persor	ns descrit	oed in (ii)	Yes 11g(i)	No
		, .		rson described in (i) a							11g(ii)	
				of a person described							11g(iii)	
þ		Provide the	following informa	ation about the suppo	orted org	anization	(s).					
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) la	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amou suppor	
		,	Ì	(22222 @adaina))	Yes	No	Yes	No	Yes	No		
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**Total** 

Sched	dule A (Form 990 or 990-EZ) 2009						Page 2
Pa						and 170(b)(1	)(A)(vi)
_	(Complete only if you chec	ked the box o	on line 5, 7, c	or 8 of Part I.	)	<del></del>	
	tion A. Public Support	······································	<u> </u>				
Ca	lendar 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.")	90,862	79,200	116,084	155,896	99,658	541,700
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	90,862	79,200	116 094	455 90C	00 659	541,700
4	Total. Add lines 1 through 3	90,002	19,200	116,084	155,896	99,658	541,700
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.	L					<del></del>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		90,862	79,200	116,084	155,896	99,658	541.700
7	Amounts from line 4	30,002	73,200	110,004	133,030	33,030	341,700
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16	12	19	24	14	85
9	Net income from unrelated business activities, whether or not the business is regularly carned on			•			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				111,236	35,760	146,996
11	Total support. Add lines 7 through 10 .						688,781
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	re		d, third, fourth,	•		n 501(c)(3) ▶ □
	tion C. Computation of Public Su				1	44	79 %
14	Public support percentage for 2009 (line					14	81 %
15	Public support percentage from 2008 Sci	•	•			15 <u> </u>	
108	33\% % support test—2009. If the organization qualifies						
ь	33% % support test—2008. If the organization	•					
U	box and <b>stop here</b> . The organization qua						
17a	10%-facts-and-circumstances test—20			_			
	more, and if the organization meets the "facts-and-circum	acts-and-circum	nstances" test, o	check this box a	and <b>stop here.</b>	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta	acts-and-circum	stances" test, c	heck this box a	nd stop here.	Explain in Part	IV how the
18	Private foundation. If the organization did					=	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)			
Sec	tion A. Public Support				<u> </u>		
Ca	alendar 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	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		<del> </del>		<u> </u>		-
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				<u> </u>		
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.)						
	tion B. Total Support	(=) 0005	(h) 0000	1-1 0007	4.5.0000	1 1 2000	I (D T-1-1
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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 organization, check this box and stop	here		nd, third, fourtl	-		
	tion C. Computation of Public Su	•		<del></del>		<del></del>	<del></del>
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15			15 16	<u>%</u> %_
Sec	tion D. Computation of Investmer	nt Income P	ercentage				
17	Investment income percentage for 2009	•		•		17	<u> %</u>
18	Investment income percentage from 20					18	<u> </u>
19a b	17 is not more than 33% %, check this b 33% % support tests—2008. If the organ	ox and stop he	ere. The organ check a box or	ization qualifies n line 14 or line	as a publicly: 19a, and line 1	supported orga	anization ► ☐ 33½ %, and
20	line 18 is not more than 33½ %, check this	-	_	-			
20	Private foundation. If the organization	aia not check	a box on line	14. 19a. or 19b	, cneck this b	ox and see ins	tructions 🕨 🗀

Page	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.
Line 10 - C	Other Income arises from special events