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SCHEDULE A

(Form 990 or 990-EZ)

CISWCW38F4 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

2009

OMB No 1645-0047

Name	of the	organization							Employer	identification	number
		t Parent Educ								1125751	
Pa	<u>n I</u>	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part.)	See instru	ctions.		
The	orga	nization is not a priva	te foundation becau	use it is: (For lines 1 thro	ugh 11, ch	eck only or	ne box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described	in section 170(b)(1	IXAXII). (Attach Schedu	le E.)						
3		A hospital or a coop	erative hospital ser	vice organization descrit	bed in sect	ion 170(b)	(1)(A)(iii).				
4											
		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(bX1XAXIv). (Complete Part II.)									
6	П			governmental unit desc	rihad in sec	tion 170(b	X1)(AXv).				
7	П			a substantial part of its s					o noneral i	oublic	
•	_	described in section	170(b)(1)(A)(vi).	(Complete Part II.)		•	memer um	OI HOME	a gariarar l	Papilo	
8	П	-		170(b)(1)(A)(vi). (Com	•						
9	X	•	•	(1) more than 33 1/3% of					•	-	
		receipts from activiti	es related to its exe	empt functions - subject (to certain e	xceptions,	and (2) no	more than	33 1/3%	of its	
		support from gross is	nvestment income	and unrelated business	taxable inc	ome (less s	section 511	tax) from	businesse	s	
		acquired by the orga	ınization after June	30, 1975. See section !	509(a)(2). (Complete I	Part III.)				
10		An organization orga	anized and operate	d exclusively to test for p	oublic safet	y. See sec	tion 509(a)	(4).			
11		An organization orga	anized and operate	d exclusively for the ben	efit of, to po	erform the f	iunctions of	, or to car	ry out the		
		purposes of one or r	nore publicly suppo	orted organizations descr	ribed in sec	tion 509(a)	(1) or sect	ion 509(a)	(2). See \$	ection	
		509(a)(3). Check the	box that describes	s the type of supporting o	organizatio	n and comp	olete lines 1	1e throug	h 11h.		
		a Type I	ь 🗌 тур	ell c	Type III	-Functional	lly integrate	ed	d	Type I	III-Other
•		By checking this box	, I certify that the c	rganization is not contro	led directly	or indirect	ly by one o	r more dis	squalified		
		persons other than f	oundation manager	rs and other than one or	more publi	cly support	ed organiza	ations des	cribed in s	ection	
		509(a)(1) or section			•	• • •	•				
f				termination from the IRS	that it is a	Type I, Typ	pe II, or Tvi	pe III supr	orting		
		•				•		·			
g		•		ation accepted any glft o			v of the				_
·		following persons?	,	, •			•				
			directly or indirectly	controls, either alone or	together w	ith persons	described	in (ii)			Yes No
		•	•	of the supported organi	-						11g()
		4		= -							11g(ii)
	(iii) A 35% controlled entity of a person described in (i) above?							11g(ii)			
_			•	•••			• • • • •			• • • • •	(119(41))
_ <u>h</u>	<i>6</i> 3. 5			the supported organizati			40 04		1 4-1	e the	(viii) Amount of
	ų) r	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	(iv) is the organization (v) Did you notify in cot. (i) listed in your governing document? (vi) Did your notify the organization in cot (ii) of your		(vs) is the organization in col.		support		
									(i) organized in the U.S.?		
						T				T	-
					Yes	No	Yes	No	Yes	No	
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Tota	1		10,500			(3, 7)		47 5 833	18% 3	ا ۋە ئۇرىد	
For	Priva	cy Act and Paperwe		Notice, see the Instru	ctions for	<u> تبدیرستنید</u>	······································	FEA	C.	hadde A (Ex-	m 990 or 900 EZ) 2000

Form 990 or 990-EZ.

Ra	rtilla Support Schedule for Oi	_		ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)			
	(Complete only if you checked the	box on line 5, 7, o	r 8 of Part I.)		 				
	tion A. Public Support								
Cale	ndar 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.")		:		<u> </u>				
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								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each					.4:4:4:4			
	person (other than a governmental unit or								
	publicly supported organization) included		1.62 3.0000			išvie saldidi			
	on line 1 that exceeds 2% of the amount	[ec 279308/@43, 93							
	shown on line 11, column (f)	[7337AA]S							
6_	Public support. Subtract line 5 from In 4		· 13. 247 4.8 0	1, 3m3, A.C. (5),	~				
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(ь) 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			14 × 3 2821						
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is for the corganization, check this box and stop here	organization's first,	second, third, fourt	h, or fifth tax year e	s a section 501(c)	(3)	▶□		
Sec	tion C. Computation of Public Su	pport Percen	tage						
14	Public support percentage for 2009 (line 6,			(1)		14	%		
15	Public support percentage from 2008 Schedule A, Part II, line 14								
16a	33 1/3% support test - 2009. If the organiz	ation did not check	the box on line 13						
	and stop here. The organization qualifies a				▶ 🗆				
b	33 1/3% support test - 2008. If the organiz	ation did not check	a box on line 13 c	or 16a, and line 15 i	s 33 1/3% or more	check this.			
	box and stop here. The organization qualifi	es as a publicly su	pported organization	on			▶ 🗆		
17a	10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
Ь	10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
18	organization meets the "facts-and-circumsta Private foundation. If the organization did a					structions	▶□		
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	rtill Support Schedule for Or	vest Parent ganizations De			2)	48-1125751	Page 3
Se	(Complete only if you checked the ction A. Public Support	DOX ON IINE 9 OF PA	π ι.)		 	- · · ·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,365	52,757	41,896	42,820		215,717
	dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose		43,923	55,464	54,682	63,380	217,449
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 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		0.500		07.500	104 250	422 156
6	Total. Add lines 1 through 5	37,365	96,680	97,360	97,502	104,259	433,166
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	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.)		achti			9 0) (0) 0 (((((((((((((((((((433,166
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	37,365	96,680	97,360	97,502	104,259	433,166
_	sources	67	1,924	1,528	1,018	371	4,908
J	section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	67	1,924	1,528	1,018	371	4,908
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	٠			·-···		·
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.)						438,074
14	First five years. If the Form 990 is for the or organization, check this box and stop here	. <i>.</i>	<u> </u>	or fifth tax year as	a section 501(c)(3) 	▶ 🛘
_	ction C. Computation of Public Su			.		45 1	20.00
15	Public support percentage for 2009 (line 8, co	• • •				15	98.88 %
16	Public support percentage from 2008 Scheduction D. Computation of Investme			• • • • • • • • •	<u></u>	16	98.71 %
17	Investment income percentage for 2009 (line			(0)		17	1 12 %
18	Investment income percentage from 2008 Sc	hedule A, Part III, li	ne 17			18	1.12 %
	33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box	and stop here. The	organization qualif	les as a publicly st	upported organizat	ion	▶ 🏻
	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this is	oox and stop here.	The organization q	ualifies as a public	ly supported organ	1/3%, and lization	▶ □
20	Private Foundation: If the organization did r	not check a box on I	ine 14, 19a, or 19b.	check this box an	a see instructions	Schedule A (Form 990	▶ L