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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

2009

Open to Public Inspection

		the organizati							Emplo	yer identific	מלוסה הטוזכ:	ar.
exile International inc  Part I Reason for Public Charity Status (All organizations must complete this						26						
		Reaso	on for Public C	Charity Status (All o	organiza	tions m	ist com	plete this	s part) S	See instru	uctions	
3 4		A church, A school of A hospital A medical hospital's	convention of churches, or association of churches described in section 170(b)(1)(A)(i).  described in section 170(b)(1)(A)(li). (Attach Schedule E.)  or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the name, city, and state:									
5		section ()	tion operated for the benefit of a college or university owned or operated by a governmental unit described in D(b)(1)(A)(iv). (Complete Part II.)									
6 7		An organiz described	tate, or local government or governmental unit described in section 170(b)(1)(A)(v).  tion that normally receives a substantial part of its support from a governmental unit or from the general public is section 170(b)(1)(A)(vi). (Complete Part II.)									
8 9		An organization of the company of th	ation that normal om activities rela om gross investr	ed in section 170(b)(1) Ity receives: (1) more that to its exempt function and unrounded and the section of the section after June 30, 1975	han 33½ 9 ctions—s elated bu	% of its s ubject to usiness t	upport fn certain ( exable in	om contri exception	is, and (2 se sectio	no more	than 33%	% At Ite
10 11		An organizan organizan purposes of 509(a)(3).	ation organized a ation organized of one or more pu Check the box th	and operated exclusiv and operated exclusi ublicly supported orga nat describes the type	rely to test vely for anizations of suppo	st for pub the bene describi orting org	olic safety fit of, to ad in sec ganization	y See se perform tion 509(a and cor	ction 509 the func a)(1) or se aplete lin	tions of, continued to the continue of the con	(a)(2) See irough 11h	section
е	a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other ☐ 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).											
<ul> <li>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</li> <li>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</li> </ul>										erting		
		and (iii)	below, the gove	or indirectly controls, or indirectly controls, or indirectly controls.	ported or	ne or tog	gether wi	ith persor	ns descri	bed in (ii)	11g()	s No
(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?  Provide the following information about the supported organization(s)								ilg(ii)	<u>+</u>			
(ı) Name		of supported mixation	EIN	(iii) Type of erganization (described on lines 1–9 above or IRC section (see instructions))	(w) is the organization (M) Did you notify in col (f) listed in your the organization in			organiza (i) organ	(vi) is the organization in col (i) organized in the U.S.7		(vii) Amount of support	
			ļ		Yes	No	Yes	No	Yes	No		
			ł	ļ	Į	l		(		1 1		
		•	<del> </del>			<del> </del>		<del> </del>				
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orai				日本ではない。			2000年1月1日		CHECK	CONTRACTOR OF THE PARTY.		

	idule A (Form 930 or 930-EZ) 2009						Page 2	
	Support Schedule for Ord (Complete only if you chec	ganizations E 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)	
	ction A. Public Support							
C	alendar 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.")	0	0	0	0	58873	58873	
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	0	0	0	0	58873	58873	
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)						5077	
6	Public support. Subtract line 5 from line 4.		141.0		<b>地震型流氓机</b>	REAL PROPERTY.	53796	
	tion B. Total Support							
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	0	0	0	0	58873	58873	
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			<b>建筑线型</b>			58873	
12	Gross receipts from related activities, etc. (see instructions)							
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Sup	re		d, third, fourth,	or fifth tax ye	er as a section	501(c)(3)	
<u> 500</u> 14								
	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  14 %  Public support percentage for 2009 (Seb-pide A, Red III)) 4							
15 16a	Public support percentage from 2008 Schedule A, Part II, line 14  33% % support test—2009. If the organization did not check the box on line 13 and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33½ % support test—2009. If the organization did not check a box on line 13 or 18a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
178	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 qualifles as a publicly supported organization							
b 18	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 Pert IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >							

Schedule A (Form 990 or 890-EZ) 2009

	adule A (Form 990 or 990-EZ) 2009  Support Schedule for Orga (Complete only if you check	anizations D	escribed in S	Section 509(a	a)(2)		Pags 3	
Se	ction A. Public Support	ed the box o	n line 9 of Pa	art I.)				
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(-) nn07	( B angs	1 () 0000	1	
	according to the form of the first of the fi	(8) 2005	(8) 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 recepts 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			į				
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
б	Total. Add lines 1 through 5							
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 persone that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b					ļ -		
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		<u>,</u>					
C	alendar year (or fiscal year beginning in)	(e) 2005	(b) 20C3	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 5							
1U#	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,				-		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
t 11	Add lines 10s and 10b  Not 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.)							
14	First five years. If the Form 990 is for t organization, check this box and stop to	nere		d, third, fourth.	, or fifth tax ye	ear as a section	n 501(c)(3) ► □	
Se <u></u> c	tion C. Computation of Public Sur							
15 16	Public support percentage for 2009 (lini Public support percentage from 2008 S	)))	15	<u>%</u> %_				
	tion D. Computation of Investmen					17	n/	
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))						<u>%</u> %	
18	intestinent from percentage from 2000 conceded N, 1 at III, III a							
19a	33% % support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, chack this box and stop here. The organization qualifies as a publicly supported organization >							
	33% % support tests—2008. If the organization did not check a box on line 14 or line 19s, and line 16 is more than 33% %, and line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization $\blacktriangleright$ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions $\blacktriangleright$ $\Box$							
20	Frivate foundation. If the organization of	not check a	oox on line 14	, 19a, or 19b.		x and see 1931 o dule A (Form 990		