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## 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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name	of the organization	SI T	oseph C	om	Ter	- AS	$s \mathcal{N}$		dentificatio	on number 0 46 45	
Pai	ti Reason f	or Public Cha	rity Status (All orga	inization	s must o	complete	this pa				
The o	organization is not	a private founda	ation because it is. (Fo	r lines 1	through 1	11, check	only one	box)			
1	, J		hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(	i).		
2			170(b)(1)(A)(ii). (Attac			anation :	170/51/41	/A\/:::\			
3 4	☐ A moducal rec	a cooperative no	spital service organiza on operated in conjun	ation desi	cribed ili	Section	hed in se	(A)(III). Action 17	O(P)(4)(V)	Wiil Enter the	
4	_	ne, city, and stat		Ction with	ı a nçapı	ar 003011	bed iii se	.0011 17	0(0)(1)(~)	(iii). Litter the	
5	An organization	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 7	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)										
8			n section 170(b)(1)(A		nplete Pa	art II )					
9	<u></u>		receives. (1) more that				om contr	ibutions,	members	ship fees, and gross	
			d to its exempt funct								
			ent income and unrel						n 511 ta	ıx) from busınesses	
		· ·	ifter June 30, 1975 Se					•			
10			operated exclusively								
11			nd operated exclusive blicly supported organ								
			describes the type of								
	a 🗌 Type		Type II c		e III–Fun				d [	Type III-Other	
е			that the organization						-	_ /,	
			ers and other than one				ed_organ	zations (	described		
	or section 509							CEIVI			
f	-		a written determination	on from	the IRS	that it is	a-Type	t, Type	ll, or Typ	ll supporting	
	organization, o	check this box				34	1. 111	ny of the		<b>5</b>	
g	following pers	17, 2006, has to	he organization accep	oted any	gitt or co	อกเทอบเกอ	n trom-a	my or the	<b>;</b>	XX XX	
			ndirectly controls eitl	her alone	or toget	her with	Dersous	descense	,	<del></del>	
							11g(i)				
	(II) A family member of a person described in (I) above?				11g(u)						
		•	a person described in		above?					11g(III)	
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s)	,			·		
(1)	Name of supported	(ii) EIN	(iii) Type of organization		organization sted in your		ou notify		Is the	(vii) Amount of support	
organization			(described on lines 1-9 above or IRC section	governing document?		col (i) of your support?		organization in col (i) organized in the US?		support	
			(see instructions))	Yes	No	Yes	No	Yes	No	ļ	
				,,,,,						· · · · · ·	
(A)											
(B)						,					
		,			<del> </del>			<u> </u>			
(C)											
(D)											
—- (E)											
		J	5	1	J	j	l	J	J	į.	

Total

instructions

Part							
	(Complete only if you checked th						alify under
Costi	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	sted below, p	lease comple	ete Part III )	<del></del>
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	(8) 2000	(6) 2007	(0, 2000	(4) 2005	(6) 2010	(i) Total
	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				-		
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.		L	<u> </u>	<u> </u>	L	
	on B. Total Support	(2) 2006	(h) 0007	(a) 2009	(4) 2000	(a) 2010	/A Total
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Amounts from line 4						
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					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	n, or fifth tax y	ear as a sectio	in 501(c)(3) ► □
<u>Secti</u>	on C. Computation of Public Suppor	t Percentag	е			,	
14 15 16a	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch 331/3% support test – 2010. If the organization	nedule A, Part	II, line 14		d line 14 is 33¹	14 15 3% or more, c	% % heck this
	box and stop here. The organization qua						<b>▶</b> □
b	331/3% support test—2009. If the organ check this box and stop here. The organ	ızatıon qualıfıe	s as a publicly	supported org	ganization .	•	<b>&gt;</b> []
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization"	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd <b>stop here.</b> (	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the	e "facts-and-ci	ircumstances"	test, check th	nis box and <b>st</b>	op here
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

## 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	Sts listed bei	ow, please co	omplete Fart	··· /	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	<b>\-,</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(1)		1
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise			<del> </del>			
	sold or services performed, or facilities		}	1	1	ł	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<del></del>				
	unrelated trade or business under section 513						
4	Tax revenues levied for the		<del></del>		<del>                                     </del>		
	organization's benefit and either paid		,		1		1
	to or expended on its behalf			"			
5	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge .						
6	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		}	Ì	1	,	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u> </u>		<u> </u>			<u> </u>
	Add lines 7a and 7b	<u> </u>		-			<del> </del>
8	Public support (Subtract line 7c from						
Cast	line 6.)	<del></del>	<u> </u>	l	L	<u> </u>	<u></u>
	on B. Total Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	idar year (or fiscal year beginning in)	(2) 2000	(6) 2007	(6) 2000	(4) 2000	(6) 2010	(i) rotar
10a	Gross income from interest, dividends,				-		<del>                                     </del>
iva	payments received on securities loans, rents,						
	royalties and income from similar sources						-
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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	ı	}	1		}	
	(Explain in Part IV)			_			
13	Total support. (Add lines 9, 10c, 11,						
	and 12) .						
14	First five years. If the Form 990 is for the	-	n's first, secon	id, third, fourth	n, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he				· ·		
	on C. Computation of Public Suppor					<del></del>	
15	Public support percentage for 2010 (line 8		•	13, column (f))	•	15	<u>%</u>
16	Public support percentage from 2009 Sch					16	<u>%</u>
	ion D. Computation of Investment In				(f)	47	
17	Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2009 Schedule A. Part III, line 17  18					<u>%</u> %	
18	nvestment income percentage from <b>2009</b> Schedule A, Part III, line 17 33 <sup>1</sup> /3% support tests—2010. If the organization did not check the box on line 14, and line 15 is mo						
19a	17 is not more than 331/3%, check this box						
ь	331/3% support tests – 2009. If the organiz						
ט	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di						

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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 Also complete this part for any additional information (See instructions)
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