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990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2010

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

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JAN 1 , 2010, and ending D	EC 31 , 20 10
B c	heck if ap	plicable C Name of organization D Emplo	yer identification number
	ddress cl	TABLE COTEN ICENTO EDCOMINOTO CITE	51-0581553
$\overline{}$	lame cha		none number
_	nitial retur	, V01 GEHVAIS STREET 150-244	803 586 2358
=	erminateo mended i	City or town, state or country, and ZIP + 4	p Exemption
=	pplication	Alternative and the second of	ber ▶
G A	ccount	ing Method: ✓ Cash ☐ Accrual Other (specify) ► H Check ►	If the organization is not
I V	Vebsit	e: WWW HABELE ORG required	to attach Schedule B
			0, 990-EZ, or 990-PF)
	heck ►		not more than \$50,000 A
F	orm 99	0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) Bi	ut if the organization chooses
te	o file a i	return, be sure to file a complete return.	
L A	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	
line	25, colu	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ	\$ 15,155 52
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc-	
		Check if the organization used Schedule O to respond to any question in this Part I	🗹
	1	Contributions, gifts, grants, and similar amounts received	9,373 00
	2	Program service revenue including government fees and contracts	2 0
	3	Membership dues and assessments	3 0
	4	Investment income	4 0 11
	5a	Gross amount from sale of assets other than inventory 5a 5,782 41	
ŀ	b	Less: cost or other basis and sales expenses	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 1,331,83
	6	Gaming and fundraising events	
	а	Gross income from gaming (attach Schedule G if greater than	
Revenue		\$15,000)	
Ver	b	Gross income from fundraising events (not including \$	
æ		from fundraising events reported on line 1) (attach Schedule G if the	
		sum of such gross income and contributions exceeds \$15,000) . 6b d	
	С	Less: direct expenses from gaming and fundraising events 6c 0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	
		line 6c)	6d 0
	7a	Gross sales of inventory, less returns and allowances	
	b	Less. cost of goods sold	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8	Other revenue (describe in Schedule O)	8 0
_	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 10,704 94
	10	Grants and similar amounts paid (list in Schedule O)	10,415 43
	11	Benefits paid to or for members) ii 1
ses	12	Salaries, other compensation, and employee benefits	12
Expenses	13	Professional fees and other payments to independent contractors	13 168 15
ğ	14		14 0
Ш	15		15 1,027 35
	16	Other expenses (describe in Schedule O)	16 (
	17	Total expenses. Add lines 10 through 16	17 11,610 93
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (905 99
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	40
Net Assets		end-of-year figure reported on prior year's return)	5,915 55
Š	20	Other changes in net assets or fund balances (explain in Schedule O)	20
	21		

Pai	Balance Sheets. (see the instructions		ation in this	Dort II	·		
•	Check if the organization used Schedule	O to respond to any ques	suon in this		nning of year	• •	(B) End of year
00	Cook povings and investments		•	(A) begin			
22	Cash, savings, and investments				5,915 55	23	5,009 56
23	Land and buildings					24	
24 25	Other assets (describe in Schedule O)						5 000 50
26	Total assets				5,915 55	26	5,009 56
27	Net assets or fund balances (line 27 of column	(R) must saree with line 21			5,915 55		5.009.56
Par				Part III \		21	
гаі	Check if the organization used Schedule				🗖	(Rea	Expenses uired for section
What	t is the organization's primary exempt purpose?	- 10 100pona 10 any 4ao			<u> </u>		c)(3) and 501(c)(4)
	ribe what was achieved in carrying out the organization	's exempt purposes. In a clea	r and concis	e manne	r. describe	-	nizations and section
	ervices provided, the number of persons benefited, and				,, 000050		(a)(1) trusts, optional thers)
	K-12 TUITION SCHOLARSHIPS - scholarship payments				States		T
20							
	of Micronesia (FSM) to cover 75% of the tuition owed by	selected low-income students	iroin outer isi	anu iamii	ies		
	enrolled in those primary and secondary schools (Grants \$ 6,362 30) If this amount	includes foreign grants, che	ack here		. ▶ 🗸	28a	6,362 30
29	LANGUAGE DEVELOPMENT - a Ulithian-to-English and					204	0,362 30
23	distributed to students, educators and development work						
	Micronesia (FSM)	ers in the outer islands of Tap	Siale, I euer	aleu State	35 01		
		includes foreign grants, che	eck here		▶ □	29a	3,948 21
30	LIBRARY DEVELOPMENT - reference, reading and text					23 a	3,946 21
00	librarians and community college librarians in Yap and Cl						
	indianans and community college librarians in Tap and O	nuk States, i ederated States	OI MICIONESIA	a (i Sivi)			
	(Grants \$ 104 92) If this amount	includes foreign grants, che	eck here			30a	104 92
31	Other program services (describe in Schedule O)	molacco for orgin grants, on			. , ,		104 32
•	, -	includes foreign grants, che	eck here	•	□	31a	
32	Total program service expenses (add lines 28a					32	10,415 43
	iotai program service expenses (aud imes zoa i						
	· •	• •				nstruc	
Par		Employees. List each one ev	ven if not co	mpensate	ed. (see the i	nstruc	
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques (b) Title and average	ven if not coi stion in this (c) Comper	mpensate Part IV	ed. (see the in	· ·	ctions for Part IV.)
	t IV List of Officers, Directors, Trustees, and Key	r Employees. List each one ex O to respond to any ques	ven if not co stion in this	mpensate Part IV	ed. (see the i	ns to	tions for Part IV.) (e) Expense account and
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques (b) Title and average hours per week	ven if not constion in this (c) Comper	mpensate Part IV	ed. (see the in (d) Contribution (mployee benefit	ns to	tions for Part IV.) (e) Expense account and
Par NEIL	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	ven if not constion in this (c) Comper	mpensate Part IV	ed. (see the in (d) Contribution (mployee benefit	ns to	tions for Part IV.) (e) Expense account and
Par NEIL 701 G	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address MELLEN	O to respond to any ques (b) Title and average hours per week devoted to position	ven if not constion in this (c) Comper	mpensate Part IV	ed. (see the in (d) Contribution (mployee benefit	ns to	tions for Part IV.) (e) Expense account and
Par NEIL 701 G	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address MELLEN Gervais Street, Suite 150-244, Columbia SC 29201	O to respond to any ques (b) Title and average hours per week devoted to position	ven if not constion in this (c) Comper	mpensate Part IV	ed. (see the in (d) Contribution (mployee benefit	ns to	tions for Part IV.) (e) Expense account and
NEIL 701 C ALEX 4532	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address MELLEN Gervais Street, Suite 150-244, Columbia SC 29201 (ANDER SIDLES	V Employees. List each one even O to respond to any ques (b) Title and average hours per week devoted to position President, B O D - 7 5	ven if not constion in this (c) Comper	mpensate Part IV	ed. (see the in (d) Contribution (mployee benefit	ns to	tions for Part IV.) (e) Expense account and
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Part	Check if the organization used Schedule O to respond to any question in this Part V			
	Oncok ii the organization asea contende o to respond to any question in this hart v	<u> </u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		•
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a Did the organization file Form 1120-POL for this year?	37b		V
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		V
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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			
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. ► SOUTH CAROLINA			
42a	Located at ► 701 GERVAIS ST, STE 150-244 COLUMBIA SC ZIP + 4 ►	803 58 29201	6 2358 -3065	}
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	163	<u> </u>
	If "Yes," enter the name of the foreign country: ▶	720		Ĺ
	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		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ ∐
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No 🗸
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		

Page	

	_							Yes No
45 I	s any	related organization a controlled entity	of the organization within the	meani	ng of sectio	n 512(b)(13)?	45	1
		e organization receive any payment fron						
r	meani	ing of section 512(b)(13)? If "Yes," For	m 990 and Schedule R may	need	to be comp	leted instead of		
		990-EZ (see instructions)					45a	V
		e organization engage, directly or indire						
		ndidates for public office? If "Yes," com					46	
Part V	_	Section 501(c)(3) organizations and	d section 4947(a)(1) none	xemp	t charitab	le trusts only. A	ll sec	tion
	;	501(c)(3) organizations and section 4 and 52, and complete the tables for	i947(a)(1) nonexempt chari lines 50 and 51	table	trusts mus	t answer questic	ns 4	7–49D
		Check if the organization used Schedu		stion i	n this Part \	/1		
	·····	offect if the organization used ochecic	die O to respond to any que	300111	- IIIIS I AIL V			Yes No
47 [Did th	e organization engage in lobbying activi	ties? If "Ves " complete Sche	dula C	: Part II		47	163 140
		organization a school as described in sec	· · · · · · · · · · · · · · · · · · ·			 F	48	7
		e organization make any transfers to an	* * * * * * * * * * * * * * * * * * * *				49a	- V
		s," was the related organization a section	•				49b	
		lete this table for the organization's five		yees (other than o	fficers, directors,	truste	es and key
•	emplo	oyees) who each received more than \$10	00,000 of compensation from		<u> </u>	f there is none, en	ter "N	one."
	(a) Nar	ne and address of each employee paid more	(b) Title and average hours per week	(c) C	Compensation	(d) Contributions to employee benefit plans &		Expense count and
		than \$100,000	devoted to position			deferred compensation		allowances
NONE								
			p	<u> </u>	<u>C</u>		<u> </u>	0
·								
		-						
f -	Total	number of other employees paid over \$1	100,000 ▶	NC	NE			
		plete this table for the organization's fiv			ent contracto	ors who each rec	eived	more than
		000 of compensation from the organiza (a) Name and address of each independent contract		ione.	(b) Tyr	pe of service	(c) Co	mpensation
NONE		ta) Name and address of each macpendent contract	nor paid more than \$100,000		(9) 1)1		(0) 00.	- I portoution
INOINE					0			0
			•					
		··				1		
						+		
d	Total	number of other independent contractor	rs each receiving over \$100.0	00 .	•	NONE		
		ne organization complete Schedule A? N	-		ons and 494	7(a)(1)		
		kempt charitable trusts must attach a co					Yes	□ No
Under pe	nalties	of perjury, I declare that I have examined this return	n, including accompanying schedules	and stat	ements, and to	the best of my knowled	dge and	d belief, it is
true, corn	ect, and	d complete Declaration of preparer (other than office	er) is based on all information of whic	пртера	rer has any kno	wieage 		
		1/1/1/			1	24 FEB :	701	/1
Sign		Signature of object				Date		
Here		NEIL MELLEN, PRESIDENT, BOARD OF	DIRECTORS		·			
		Type or print name and title	DIRECTORO					
Paid		Print/Type preparer's name Pri	eparer's signature		Date	Check ☐ if	PTIN	
Prepa	arer		·			self-employed		
Use C		Firm's name ▶				Firm's EIN ▶		
		Firm's address ▶				Phone no	7	
iviay the	e ins	discuss this return with the preparer sho	JWH ADOVE! DEE INSTRUCTIONS				1 Yes	i ∏ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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 2010

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number HABELE OUTER ISLAND EDUCATION FUND 51-0581553 Part I 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.) 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)(A)(ii). (Attach Schedule E.) 3 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: 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.) 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.) 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). 11 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 **b** Type II c Type III-Functionally integrated e 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (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 (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
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.			<u> </u>			
	on B. Total Support	(-) 0000	T-0007	(-) 0000	I (n 0000	() 0010	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1					
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•	d, third, fourth		12 ear as a section	on 501(c)(3)
	organization, check this box and stop he	_		·	-		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6		•	. ,,,		14	%
15	Public support percentage from 2009 Sch	•	•			15	%
16a	331/3% support test—2010. If the organic						
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2009 . If the organ check this box and stop here . The organ	nization did no	ot check a bo	x on line 13 oi	r 16a, and line		► □ or more, ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	010. If the orga	anization did n	ot check a box ances" test, ch	on line 13, 16 eck this box ar	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part IV how the organization management	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check th	nis box and s	top here.
40	supported organization					ا ما المالية ا	> 🗆
18	Private foundation. If the organization di instructions						

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	<u> </u>		, p		<u></u>	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
	received (Do not include any "unusual grants")	4,466 19	13,316 20	8,892 98	9,201 95	9,373 00	45,250 32
2	Gross receipts from admissions, merchandise	. 1			,		
	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						
Ū	unrelated trade or business under section 513	. <u>.</u>					
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	4,466 19	13,316 20	8 892.98	9,201 95	9,373 00	45,250 32
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	1,275 44	3,700 00	2,800 00	3,700 00	1,650 00	13,125 44
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 [1,275,44	3,700 00	2,800 00	3,700 00	1,650 00	13,125 44
8	Public support (Subtract line 7c from line 6.)						00.404.00
Secti	on B. Total Support		i	<u>.</u>	ı		32,124 88
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	4,466 19	13,316 20	8 892 98	9,201 95	9,373 00	45,250 32
10a	Gross income from interest, dividends, payments received on securities loans, rents,	4,100 10	10,010 20	0.002.00	0,20100	0,070 00	
_	royalties and income from similar sources			3 58	85 54	0 11	89 23
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	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 (Explain in Part IV.)		-				
13	Total support. (Add lines 9, 10c, 11, and 12.)	4.400.40	40.040.00	0.000.50	0007.40	0.070.44	45,000,55
14	First five years. If the Form 990 is for the	•	•	d, third, fourth	, or fifth tax ye	ear as a section	` '; '
Casti	organization, check this box and stop her					· · · · ·	P <u>V</u>
15	ion C. Computation of Public Suppor Public support percentage for 2010 (line 8			3 column (fl)		15	%
16	Public support percentage from 2009 Sch		•			16	
	ion D. Computation of Investment Inc			<u> </u>		<u> </u>	
17	Investment income percentage for 2010 (v line 13. colur	nn (f))	17	
18	Investment income percentage from 2009					18	
19a	33 ¹ / ₃ % support tests – 2010. If the organi 17 is not more than 33 ¹ / ₃ %, check this box	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
b	331/3% support tests—2009. If the organiz line 18 is not more than 331/3%, check this t	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di		=	-	-	=	

Schedule A (f	Form 990 or 990-EZ) 2010	
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).	Page 4
••••		
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		•••••

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

90-EZ or to provide any additional information.

Note: Note

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number
HABELE OUTER ISLAND EDUCATION FUND 51-0581553

PART 1, LINE 10
K-12 TUITION SCHOLARSHIPS - scholarship payments were issued to non-public schools in the Federated States of Micronesia (FSM)
to cover 75% of the tuition owed by selected low-income students from outer island families enrolled in those primary and secondary schools
A total of \$6,362 30 in payments were issued to five schools to support 18 students in Yap, Chuuk and Pohnpei States. An additional \$1,271 was
slated for three more students at a sixth school but that check was not cashed until FY 2011. The schools with enrolled scholarship winners were
Berea HS (Chuuk), Ponhpei Catholic, Saramen Chuuk HS, SDA Pohnpei, SDA Yap, and Saint Mary's (Yap) Two directors made in-kind contributions
totalling \$7,500 in airfare, travel and lodging expenses to complete site visits with schools' staffs and parents. Meetings were also held with officials from
the Yap State Department of Education, Yap State Department of Youth and Civic Affairs, Yap State Budget Office, Yap State Visitors Bureau and Yap
State Peace Corps Field Director to solicit feedback and advice on implementation of the K-12 Scholarship program. Eighteen students and their families
were served by the scholarships. Student report cards and discipline records for the scholarship winners are collected from parents and schools each
semester for review by the Board of Directors
LANGUAGE DEVELOPMENT - a Ulithian-to-English and English-to-Ulithian Dictionary was created, published and distributed to students,
educators and development workers in the outer islands of Yap State, Federated States of Micronesia (FSM). A total of \$3,948.21 was spent for
publication and distribution of the text. There are an estimated 3,000 native Ulithian speakers. Classroom sets were provided to five elementary schools
and one high school in Yap State, Federated States of Micronesia (FSM) Copies were also provided to Peace Corps Volunteers and school curriculum
officials as well as to Oceania linguists
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LIBRARY DEVELOPMENT - reference, reading and text books were gathered and delivered to public school librarians and community college
librarians in Yap and Chuuk States, Federated States of Micronesia (FSM) Roughly 40 boxes of donated books were provided through book
drives held by high school students in the United States. The boxes of books were sent directly to US Peace Corps Volunteers and public school
staff in the Federated States of Micronesia (FSM)