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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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, 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

**A** For the 2010 calendar year, or tax year beginning JAN 1, 2010, and ending DEC 31, 20 10**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

HABELE OUTER ISLAND EDUCATION FUND

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

701 GERVAIS STREET

150-244

City or town, state or country, and ZIP + 4

COLUMBIA, SOUTH CAROLINA 29201-3065

**D** Employer identification number

51-0581553

**E** Telephone number

803 586 2358

**F** Group Exemption  
Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► WWW HABELE ORG**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 15,155 52

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

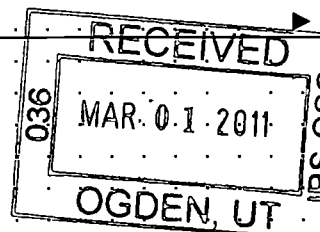
|            |  |  |           |           |
|------------|--|--|-----------|-----------|
| Revenue    | <b>1</b>   | Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | 9,373 00  |
|            | <b>2</b>   | Program service revenue including government fees and contracts  | <b>2</b>  | 0         |
|            | <b>3</b>   | Membership dues and assessments  | <b>3</b>  | 0         |
|            | <b>4</b>   | Investment income  | <b>4</b>  | 0 11      |
|            | <b>5a</b>  | Gross amount from sale of assets other than inventory  | <b>5a</b> | 5,782 41  |
|            | <b>b</b>   | Less: cost or other basis and sales expenses   | <b>5b</b> | 4,450 58  |
|            | <b>c</b>   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> | 1,331,83  |
|            | <b>6</b>   | Gaming and fundraising events  |           |           |
|            | <b>a</b>   | Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> | 0         |
|            | <b>b</b>   | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> | 0         |
| <b>c</b>   | Less: direct expenses from gaming and fundraising events   | <b>6c</b>  | 0         |           |
| <b>d</b>   | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>  | 0         |           |
| <b>7a</b>  | Gross sales of inventory, less returns and allowances  | <b>7a</b>  | 0         |           |
| <b>b</b>   | Less: cost of goods sold   | <b>7b</b>  | 0         |           |
| <b>c</b>   | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | <b>7c</b>  | 0         |           |
| <b>8</b>   | Other revenue (describe in Schedule O)   | <b>8</b>   | 0         |           |
| <b>9</b>   | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | <b>9</b>   | 10,704 94 |           |
| Expenses   | <b>10</b>  | Grants and similar amounts paid (list in Schedule O)   | <b>10</b> | 10,415 43 |
|            | <b>11</b>  | Benefits paid to or for members  | <b>11</b> | 0         |
|            | <b>12</b>  | Salaries, other compensation, and employee benefits  | <b>12</b> | 0         |
|            | <b>13</b>  | Professional fees and other payments to independent contractors  | <b>13</b> | 168 15    |
|            | <b>14</b>  | Occupancy, rent, utilities, and maintenance  | <b>14</b> | 0         |
|            | <b>15</b>  | Printing, publications, postage, and shipping  | <b>15</b> | 1,027 35  |
|            | <b>16</b>  | Other expenses (describe in Schedule O)  | <b>16</b> | 0         |
|            | <b>17</b>  | <b>Total expenses.</b> Add lines 10 through 16   | <b>17</b> | 11,610 93 |
| Net Assets | <b>18</b>  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | (905 99)  |
|            | <b>19</b>  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | <b>19</b> | 5,915 55  |
|            | <b>20</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> |           |
|            | <b>21</b>  | Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | 5,009 56  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

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**Part II** **Balance Sheets.** (see the instructions for Part II.)  
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

|                 |  |  |
|-----------------|--|--|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)<br>Check if the organization used Schedule O to respond to any question in this Part III . . . <input type="checkbox"/> | <b>Expenses</b><br>(Required for section |
|-----------------|--|--|

Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section

Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)  
Check if the organization used Schedule O to respond to any question in this Part IV ☐

Check if the organization used Schedule O to respond to any question in this Part IV ☐

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

Form **990-EZ** (2010)

Check if the organization used Schedule O to respond to any question in this Part V

Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

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- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|            | Yes | No                                  |
|------------|-----|-------------------------------------|
| <b>45</b>  |     | <input checked="" type="checkbox"/> |
| <b>45a</b> |     | <input checked="" type="checkbox"/> |
| <b>46</b>  |     | <input checked="" type="checkbox"/> |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** 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."

|            | Yes | No                                  |
|------------|-----|-------------------------------------|
| <b>47</b>  |     | <input checked="" type="checkbox"/> |
| <b>48</b>  |     | <input checked="" type="checkbox"/> |
| <b>49a</b> |     | <input checked="" type="checkbox"/> |
| <b>49b</b> |     | <input checked="" type="checkbox"/> |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000 **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 **NONE**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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

Date

24 FEB 2011

NEIL MELLEN, PRESIDENT, BOARD OF DIRECTORS

Type or print name and title

Paid Preparer Use Only

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name                | Firm's EIN           |      |   |      |
| Firm's address             | Phone no             |      |   |      |

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

HABELE OUTER ISLAND EDUCATION FUND

Employer identification number

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)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- 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).
- f 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 ☐
- g 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 (iii) below, the governing body of the supported organization? ☐
- (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? ☐
- h Provide the following information about the supported organization(s).

| (i) 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 in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
| (A)                                |          |   |  |    |   |    |  |    |                         |
| (B)                                |          |   |  |    |   |    |  |    |                         |
| (C)                                |          |   |  |    |   |    |  |    |                         |
| (D)                                |          |   |  |    |   |    |  |    |                         |
| (E)                                |          |   |  |    |   |    |  |    |                         |
| Total                              |          |   |  |    |   |    |  |    |                         |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  |          |          |          |          |          |           |
| <b>5</b> 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). . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/> |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007  | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|-----------|----------|----------|----------|-----------|
| <b>1</b> 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 |
| <b>2</b> 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 . . . . |          |           |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |           |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |           |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |           |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   | 4,466 19 | 13,316 20 | 8,892 98 | 9,201 95 | 9,373 00 | 45,250 32 |
| <b>7a</b> 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>b</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 . . . .           |          |           |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  | 1,275 44 | 3,700 00  | 2,800 00 | 3,700 00 | 1,650 00 | 13,125 44 |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |           |          |          |          | 32,124 88 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007  | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|-----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   | 4,466 19 | 13,316 20 | 8,892 98 | 9,201 95 | 9,373 00 | 45,250 32 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .  |          |           | 3 58     | 85 54    | 0 11     | 89 23     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .   |          |           |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .   |          |           |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .  |          |           |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .  |          |           |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   | 4,466 19 | 13,316 20 | 8,896 56 | 9,287 49 | 9,373 11 | 45,339 55 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input checked="" type="checkbox"/> |          |           |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . .                        | <b>18</b> | % |

- 19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



**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).

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

HABELE OUTER ISLAND EDUCATION FUND

Employer identification number

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), Pohnpei 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.

**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).