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Form **990-EZ**

Department of the Treasury

A For the 2010 calendar year, or tax year beginning

C Name of organization

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Internal Revenue Service

B Check if applicable

Address change

Short Form Return of Organization Exempt From Income Tax

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

, 2010, and ending

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

, 20

D Employer identification number 58-6076187

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	$\overline{}$	Initial retur	1,0, \ TWL 6) \		77	5- A	87-2690
	=	Terminate	City or town, state or country, and ZIP + 4		F Grou		
	=	Amended	return A. 105 Later Sun 3000 0675			nber	•
		Application					
			<u> </u>	H			if the organization is not
		Nebsit			•	d to attach Schedule B	
			npt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) c				0-EZ, or 990-PF).
		Check >		ss receipts are	normally	not m	ore than \$50,000. A
			0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be requ	ctions). E	But if th	ne organization chooses	
			return, be sure to file a complete return				
			5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more				
	line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	95,193
	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan				
			Check if the organization used Schedule O to respond to any question	in this Part I			🗆
		1	Contributions, gifts, grants, and similar amounts received			1	7, 450
ئے۔ مست		2	Program service revenue including government fees and contracts			2	68 830
ZOIL)		3	Membership dues and assessments			3	18, 480
S.		4	Investment income			4	433
es)		5a	Gross amount from sale of assets other than inventory 5a		• •	4.	
>=		ь	Less: cost or other basis and sales expenses			ÇÎD.	
MAY		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from		-	5c	O
		6	Gaming and fundraising events	iiio ou,	• •		
ũ		a	Gross income from gaming (attach Schedule G if greater than				
SCANNED	ne	-	\$15,000)			, (
	Revenue	Ь		of contribution	16		
Õ	ě		from fundraising events reported op line 1) (attach Schedule G if the		15	:	
Q(Z)	ш.		sum of such gross income and contributions exceeds \$15,000) 6b	1 0		.]	
		c	Less: direct expenses from gaming and fundraising events 60			'	
		d	Net income or (loss) from gaining and fundraising levents (add lines 6a al		btract		
		_	line 6c)			6d	0
		7a		1 0		, ou	
		b	Gross sales of inventory, less returns and allowances 7				
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		·	7c	_
		8	Other revenue (describe in Schedule O)		• •	8	0
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	95, 193
		10	Grants and similar amounts paid (list in Schedule O)	· · · · ·	•	10	_ 73, (73
		11	Benefits paid to or for members		• •	11	0
	ý	12	Salaries, other compensation, and employee benefits		• •	12	
	ıse	13	Professional fees and other payments to independent contractors		• •	13	13, 425
	Expense	14	Occupancy, rent, utilities, and maintenance		• •	$\overline{}$	0
	X	15	Printing, publications, postage, and shipping		• •	14	
		16	Other expenses (describe in Schedule O)			15	1,232
		17	Total expenses. Add lines 10 through 16			16	62,750
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · · ·	· <u>·</u>	17	77, 42 7
	ets	19	Net assets or fund balances at beginning of year (from line 27, column (A		· ·	18	17,766
	SS		end-of-year figure reported on prior year's return)				C- (-)
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			19	50,626
	Š	24	Not assets or fund balances at and of year. Combine lines 19 through 20			20	0

392

Form 990-EZ (2010)

21

Cat No 10642I

Par						
	Check if the organization used Schedule	O to respond to any ques	tion in this Part II			· · · □
			(A) Beg	inning of year	(1	B) End of year
22,	Cash, savings, and investments		50,	626 2	22	68, 392
23	Land and buildings			0 2	23	0
24	Other assets (describe in Schedule O)			0 !	24	O
25	Total assets		50	626	25	68,392
26	Total liabilities (describe in Schedule O)			0	26	
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21) 50,	626	27	68,392
Part						Expenses
	Check if the organization used Schedule	O to respond to any ques	tion in this Part II	·		ired for section
What	is the organization's primary exempt purpose?	Social Studies servi	ces to teach	10)(3) and 501(c)(4) izations and section
Descr	be what was achieved in carrying out the organization	s exempt purposes. In a clear	and concise mann	er, describe		a)(1) trusts, optional
the se	ervices provided, the number of persons benefited, and o	other relevant information for e	ach program title.		for oti	
28	Annual Conference fox social other	dies teachers -	- 600 in at	tendance		
		·	¥			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	40,329
29	remoletter (3 pro: year), was site,	lessons for teach	s nateria	lo		
	developed for teachers - All	700 members re	earned these			1:
	benefito)					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	1313
30	Sponson State fruit studies 7	air - 1000t o	Lindents Dar	fivented		
	in 6 see in I Dais 4	the state Frie	in Device	Ca		
	ζ γ	V	T.			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	12.066
31	Other program services (describe in Schedule O)					, , , , , , , , , , , , , , , , , , , ,
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	0
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	53,708
Dan	List of Officers Directors Tructors and Key	Employees List seek one or		1 1 / 11 1		tions for Port IV
Par					istruc	allons for Part IV.)
EGU	Check if the organization used Schedule				·	· · · · □
Fall	Check if the organization used Schedule	O to respond to any ques (b) Title and average	tion in this Part I	V		(e) Expense
		O to respond to any ques	tion in this Part I	v	s to clans &	(e) Expense
	Check if the organization used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit p	s to clans &	(e) Expense account and other allowances
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	ction in this Part I (c) Compensation (If not paid,	(d) Contribution employee benefit p	s to clans &	(e) Expense account and
	Check if the organization used Schedule (a) Name and address Eddio Bennett	O to respond to any ques (b) Title and average hours per week	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit of deferred compens	s to clans &	(e) Expense account and other allowances
	Check if the organization used Schedule (a) Name and address Eddie Bennett Ber 675, Anordal Eddie, In 3000 - Shara Coleman	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit of deferred compens	s to clans &	(e) Expense account and other allowances
Dα. ρο j Ms 160 Ms	Check if the organization used Schedule (a) Name and address Eddie Bennett Bey 675, Avordal E(Artes, 1814 3000) Thanh Coleman 5 Tupelo Arme Wayers, 1814 31501 Pam KNamer	O to respond to any ques (b) Title and average hours per week devoted to position Ex Director (15) Proorder and (8)	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit p deferred compens	s to clans &	(e) Expense account and other allowances
Dα. ρο j Ms 160 Ms	Check if the organization used Schedule (a) Name and address Eddie Bennett Bey 675, Avordal Ectato, 1911 3000 > Thanh Coleman Topelo Anne Wayers, 1811 31501	O to respond to any ques (b) Title and average hours per week devoted to position Extourish (15) Prosetut and	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit p deferred compens	s to clans &	(e) Expense account and other allowances
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Dα. Po [Mo 160 Mo 190 Mo	Check if the organization used Schedule (a) Name and address Eddie Bernett Bey 675, Avordele Ectatos, Ing 3000> Aharm Coleman 6 Tunelo Arine Wayeres, Ing 3/501 Pam K Namer El nuce Au, Warner Robins, Ing 3/088 1 Diane Sloan 6 Anderm MielRd, #2003, Austil, EM 30/06	O to respond to any ques (b) Title and average hours per week devoted to position Et Director (15) Proordist and SS Fair Drector (8) President Elect(1) Conference	(c) Compensation (if not paid, enter -0)	V	s to plans & sation	(e) Expense account and other allowances
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Dα. Po [Mo 160 Mo 190 Mo	Check if the organization used Schedule (a) Name and address Eddie Bennett Bey 675, Avordal Ectato, 1994 3000 > Thank Coleman 6 Tupelo Arme Wayeres, 280 31501 Pam KNamer Elmure Au, Warner Robins, 1994 31088 1 Diane Sloam O Anderm MiefRd, #2203, Austal, 1994 3001 To Ann word	O to respond to any ques (b) Title and average hours per week devoted to position Et Director (15) Proordist and SS Fair Drector (8) President Elect(1) Conference	(c) Compensation (if not paid, enter -0) # 5 000	V	s to plans & sation	(e) Expense account and other allowances # 3000
Dα. Po 1 Mo 160 Mo 165 Mo 213 Ms	Check if the organization used Schedule (a) Name and address Eddio Bernett Bey 675, Avandal Eddies, 1974 3000> Address Coleman Typelo Haire Wayness, 2974 31501 Pam Knower Elmue Au, Warner Robins, 1974 31088 Warner Sloam O Anderm Mielled, #2003, Austil, 1974 3006 To Ann word Vance Circle, Maniette 1974 30060 Anny Cliften	O to respond to any ques (b) Title and average hours per week devoted to position Et Director (15) Prooftst and SS Fain Director (8) President Elect(1) Conference Consederation (15) Beard Secretary (3)	# 4000	V	s to blans & sation	(e) Expense account and other allowances A 3000 0 0
Dα. Po [Ma 160 Ma 165 Ma 163 Ma 332	Check if the organization used Schedule (a) Name and address Eddio Bornett Bey 675, Anondels Exten, 1971 3000> Afrana Coleman 5 Tupelo Grine Wayers, 288 31501 Pam KNomer El nuce Bu, Warner Robins, 974 31088 Diane Sloam O Anderm Mielled, #2003, Austel, 184 30001 Jo Ann Wood Vance Cincle, Manietta 2004 30060 Anny Clifton Jeotherman Ct Johnschool, 186 30002	O to respond to any ques (b) Title and average hours per week devoted to position Et Director (15) Prooftst and SS Fain Director (8) President Elect(1) Conference Consederation (15) Beard Secretary (3)	# 4500	V	s to blans & sation	(e) Expense account and other allowances A 3000 0
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Part	Check if the organization used Schedule O to respond to any question in this Part V			\Box
	Official title organization used conclude o to respond to any question in this fact v		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	100	<u>√</u>
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		V
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		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		7
37a b	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		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	· · • -	,	
a b	Gross receipts, included on line 9, for public use of club facilities	-	, - l	,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			1
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		/
C	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			- j
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. ▶			
42a		2002. 10.1		269 75
þ	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	
	account)?	42b		レ
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	 خ د ا	٠	· · ·
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
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		. I	▶ □
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		シ
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	_ ~_	\(\bullet \)

										Yes	No
4 5	ls any	related organization a controlled entity	of the organi	zation within the I	meanir	ng of section	n 512(b)(13)?	45		
a	Did th	e organization receive any payment from	m or engage i	in any transaction	n with a	controlled	entity w	ithin the		37 N	
, 1	meani	ing of section 512(b)(13)? If "Yes," For	m 990 and 8	Schedule R may	need t	o be comp	leted ins	stead of	2		
		990-EZ (see instructions)							45a		204.21.27
		ne organization engage, directly or indire	ectly in politic	ral campaign acti	ivities r	on hehalf of	or in on	nosition	200	23.0	12
		ndidates for public office? If "Yes," com							88.		
									46		<u> </u>
Part V	•	Section 501(c)(3) organizations ar	d section 4	947(a)(1) none:	xemp	t charitabl	le trust	s only. A	ll sec	tion	
		501(c)(3) organizations and section	4947(a)(1) no	onexempt chard	table t	rusts must	t answe	r questio	ns 47	'-49k)
	á	and 52, and complete the tables for	lines 50 and	d 51.							
	(Check if the organization used Sched	ule O to resp	ond to any ques	stion in	this Part V	/\				\Box
				<u></u>						Yes	No
47	Did th	ne organization engage in lobbying activ	ition? If "Von	" complete Cobe	م ماریام	Dort II		ſ	47		-110
				•							
		organization a school as described in se					t	• •	48		
		ne organization make any transfers to ar	•		d orgai	nization? .			49a		
		s," was the related organization a section							49b		
		plete this table for the organization's five									
1	emplo	oyees) who each received more than \$1	00,000 of cor	npensation from	the org	janization. I	f there is	none, en	ter "N	one."	
				tle and average	(c) C	ompensation	(d) Cont	nbutions to	(e)	Expen	
	(a) Nai	me and address of each employee paid more than \$100,000		urs per week ted to position			employee t	enefit plans & ompensation		count a	
		111111111111111111111111111111111111111	devo	ted to position			-		Other	anowa	11063
					_				 		
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		- Arc			}						
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			- -		 		 		1		
	Tatal		100,000				<u> </u>		i		
		number of other employees paid over \$		· · · • 	0		-				
		olete this table for the organization's fi				nt contracto	ors who	each rece	eived	more	than
		,000 of compensation from the organization			one."						
		(a) Name and address of each independent contra	ctor paid more th	an \$100,000		(b) Typ	oe of service	е	(c) Cor	npensa	ation
								İ			

	·										
					1						
d	Total	number of other independent contractor	rs each recei	ving over \$100,00	00 .	.▶	0				
52	Did th	ne organization complete Schedule A? I	Note: All sect	ion 501(c)(3) orga	nizatio	ns and 494	7(a)(1)				
		xempt charitable trusts must attach a co						. ▶ 🛭	1 Yes		No
Linder ne	nalties	of perjury, I declare than have examined this return	n including acco	mpanying echodules (and state	manta and to	the best of	f mu knowled			4 10
true, corr	rect, an	d complete Declaration of preparer (other than offi	cer) is based on	all information of which	h prepar	er has any kno	wiedge	illy knowled	ige and	Dellet	, 11 15
			1110-	1//	11						
		· MALS ()		//	1	1		// 2	A	//	
Sign			www))	SmM	L			<u> 7 - 2</u>	<u>7 -</u>		
Here		Signature of officer	ál.	_		ı	Date				
		Roger E. (Eddie) Ber	Hone								
	Ì	Type ordprint name and title									
Doid		Print/Type preparer's name	reparer's signatu	re		Date	- CL	ak 🗆 .	PTIN		
Paid		1			1			ck if employed			
Prepa		Furm's name								_	
Use C	Jnly	Firm's name					Firm's EIN				
Mayeth	o IPC	Firm's address ► discuss this return with the preparer sh	own above?	See instructions			Phone no		/v		
ividiv til	C 11 10	GIGGGGG CITO (CIGITI WILL LIFE DICUALE) 31	- TYII GDUYE!	こうき いっさいいじいけい				. 🛩 🗤		1 1	WIT 1

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.

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

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

structions. Inspection

Employer identification number

			·							
Par			rity Status (All orgai						nstruction	ns.
	_	· · · ·	ition because it is: (Fo		-	-	•	•		
			hes, or association of			d in sec t	tion 170(b)(1)(A)(i)) .	
			170(b)(1)(A)(ii). (Attac		•					
	•	•	spital service organiza							
4		-	on operated in conjunc	ction with	a hospita	al descrit	oed in se	ction 170)(b)(1)(A)(i	iii). Enter the
_		ne, city, and state						·		
5		on operated for a)(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or	operated	by a gov	vernmenta	al unit described in
6	☐ A federal, stat	e, or local gover	nment or governmenta	al unit de:	scribed in	section	170(b)(1)(A)(v).		
7			receives a substantia		its suppo	rt from a	governn	nental un	it or from	the general public
	described in s	ection 170(b)(1)	(A)(vi). (Complete Par	t II.)						
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9	An organization	on that normally	receives: (1) more that	an 331/3%	of its su	pport fro	m contri	butions, i	membersl	hip fees, and gross
			d to its exempt functi							
		•	ent income and unrel				•		n 511 tax	() from businesses
	acquired by the	ne organization a	ifter June 30, 1975. Se	e sectio	n 509(a)(2). (Comp	olete Part	: 111.)		
10	☐ An organization	on organized and	l operated exclusively	to test fo	r public s	afety. Se	e sectio i	n 509(a)(4).	
11			nd operated exclusive							
			olicly supported organ							
	509(a)(3). Che	eck the box that	describes the type of		-		•		1e throug	h 11h.
	_a □ Type		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e III-Fund	-	-		d [
е	, .	•	that the organization			•	•			•
		-	ers and other than one	e or more	publicly	support	ed organi	zations c	lescribed	in section 509(a)(1)
	or section 509						-			
f	_		a written determination	on from t	the IRS t	nat it is	a Type	i, Type i	I, or Typ	
	• '	check this box			• • •					🗆
g	following pers	ons?	he organization accer	·	•			•		
			ndirectly controls, eitlody of the supported of				persons	described	d in (iı) an 	d Yes No
	(ii) A family m	ember of a pers	on described in (i) abo	ve?						11g(ii) V
			a person described in							11g(iii)
h			ion about the support							
(1)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) 1	s the	(vii) Amount of
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	support
			(see instructions))				oort?		S?	
				Yes	No	Yes	No	Yes	No	
A)								,]	
		ļ <u>.</u>	<u> </u>	<u> </u>			ļ <u> </u>			
(B)					1		i	İ		
		· · · · · · · · · · · · · · · · · · ·		-			 	<u> </u>		
(C)										
(D)										
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(E)										
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Tota	1	国的 "是"	1960年,1960年,1960年,1960年	中教学学	THE STATE OF		は人家を	医脱裂动科	[隆京記] 對	

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 20 6050 223 930 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 574 830 657 60 057 62 175 organization's tax-exempt purpose . . . Gross receipts from activities that are not an 0 unrelated trade or business under section 513 0 0 0 0 0 4 revenues levied organization's benefit and either paid 0 0 0 to or expended on its behalf O The value of services or facilities furnished by a governmental unit to the 0 0 \mathcal{D} 0 organization without charge 260 84,050 199 Total. Add lines 1 through 5. . . . 307 92 395 Amounts included on lines 1, 2, and 3 received from disqualified persons 0 0 0 0 Amounts included on lines 2 and 3 from other than disqualified received persons that exceed the greater of \$5,000 0 0 0 (0 or 1% of the amount on line 13 for the year 0 Ō Ō ō D c Add lines 7a and 7b 0 0 Public support (Subtract line 7c from Section B. Total Support (a) 2006 (d) 2009 (e) 2010 (b) 2007 (c) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ 300 395 9 Amounts from line 6 050 199 760 711 10a Gross income from interest, dividends, payments received on securities loans, rents, 657 657 royalties and income from similar sources . ワみろ 733 433 3, 203 Unrelated business taxable income (less section 511 taxes) from businesses 0 D 0 D acquired after June 30, 1975 0 \circ 657 c Add lines 10a and 10b 123 73 433 657 20 Net income from unrelated business 11 activities not included in line 10b, whether Ó or not the business is regularly carried on 0 O 0 0 0 Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 (Explain in Part IV.) 0 13 Total support. (Add lines 9, 10c, 11, 74,964 92,922 and 12.) 84,707 12, 128 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 。99 % 15 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 1

17	Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	800,	%
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	. 008	%
102	331/3\% support tests - 2010. If the organization did not check the box on line 14, and line 15 is mo	re than	331/3% and lu	ne.

17 is not more than 331/2%, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

THE THE TENER OF THE	7/11/2017 (3 / 3/11/1000 5/ 3/300 22.	Inspection
Name of the organization	Council for the found Studies	Employer identification number 58-6076/87
	ference Expenses	# 40,329
Bank fee		28/
Soual Stu	lies Faik	12,066
	Trustees Expenses	6,691
•	/ ness memberships (flow-through)	135
ness Confer	once stip endo	50-0
Outstanding	Education Awards	1,038
web site		774
Artabase		400
Insurance	·	300
SA Senet	any of State	30
Mise suppl	\circ	2,176
••••		
		•••••••••••••••••••••••••••••••••••••••
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