

Form **990-EZ**

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)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 | For the | e 2009 calendar ye | ear, or tax year beginning | January 1 | , 2009, ar | nd ending | Decen | nber 3 | 1 , 20 | 09 |
|---------|------------|--|-----------------------------------|--|------------------------------------|----------------|------------------------------------|--|------------------------|--------|
| В | Check if | applicable: Plea | se C Name of organization | | | | D Employ | er iden | tification numb | er |
| | Address | ddress change lame change print or litial return erminated lame schange lame change lame c | | | | | 26-1494192 | | | |
| | | | | | | | E Telephone number | | | |
| H | | | | | | | · | | 875-9974 | |
| | | Spec | City or town, state or coun | itry, and ZIP + 4 | | | F 0 | | | |
| V | | tion pending lnstr | uc- | | | | F Group | | | _ |
| | | | | the second secon | | | Numbe | | N/ | 4 |
| | • 5ec | | | onexempt charitable trusts must | attach | 1 | inting Meth | | ∠ Cash L A | ccrual |
| | | а | completed Schedule A (Fo | m 990 or 990-E2). | | | (specify) | | | |
| | | | | | | H Check | i ▶ ∐ if t | ne org | anization is no | ot |
| - | Websi - | | hansafrica.org | | | require | ed to attac | h Sch | edule B (Form | 990, |
| J | Tax-ex | empt status (chec | k only one) — ✓ 501(c) (| 3) ◀ (insert no.) ☐ 4947(a)(1) or | 527 | 990-E | Z, or 990-F | °F). | | |
| K | Check | ▶ ☐ if the org | anization is not a section 509 | 9(a)(3) supporting organization and i | its gross r | eceipts are n | ormally no | t more | than \$25,000. | . A |
| _ | Form 9 | 990-EZ or Form 990 | return is not required, but | if the organization chooses to file a | return, be | e sure to file | a complete | retur | n. | |
| L | Add line | es 5b, 6b, and 7b, to | line 9 to determine gross rece | eipts; if \$500,000 or more, file Form 99 | 90 instead | of Form 990- | -EZ ▶ | \$ | | |
| | Part I | Revenue, E | xpenses, and Change | es in Net Assets or Fund B | alances | s (See the | instructi | ons f | or Part I.) | |
| | 1 | Contributions, | gifts, grants, and similar | amounts received | | | | | | 43,581 |
| | 2 | Program service | e revenue including gove | ernment fees and contracts . | | | | 2 | | 0 |
| | 3 | | ues and assessments | | | | - | | | 0 |
| | 4 | | | | | | | | | |
| | 5a | Gross amount | | than inventory | | | 0 | | | |
| | b | | | enses | 5b | | 0 | | | |
| | C | | | han inventory (Subtract line 5b | NAME AND ADDRESS OF TAXABLE PARTY. | 52) | | | | 0 |
| ne | 6 | Special events and | activities (complete applicable r | parts of Schedule G). If any amount is from | om aamin a | chack hara | 5 | 6 | | |
| Revenue | a | | | of contributions | Jin ganning | , CHOCK HOLE | | | | |
| ev | " | | | | 0-1 | | 000 | | | |
| landan. | 1 . | | | | 6a | | 200 | | | |
| | b | | | ising expenses | 6b | | 0 | | | |
| | C | Net income or (| loss) from special events | and activities (Subtract line 6b | from line | e 6a) | 6 | C | | 200 |
| | 7a | | | d allowances | 7a | | 0 | | | |
| | b | | | | 7b | | 0 | | | |
| | C | Gross profit or | (loss) from sales of invent | tory (Subtract line 7b from line 7 | 7a) | | 7 | | | 0 |
| | 8 | Other revenue (| | | | |) [8 | | | 0 |
| _ | 9 | Total revenue. | Add lines 1, 2, 3, 4, 5c, 6 | Sc, 7c, and 8 | | | . > 9 | | 4 | 13,781 |
| | 10 | Grants and sim | ilar amounts paid (attach | schedule) | | | 10 | | 3 | 37,540 |
| | 11 | Benefits paid to | or for members | | | | 1 | 1 | | 0 |
| es | 12 | Salaries, other | compensation, and emplo | oyee benefits | | | 12 | 2 | | 0 |
| benses | 13 | Professional fee | es and other payments to | independent contractors | | | . 1 | 3 | | 0 |
| ď | 14 | Occupancy, ren | nt, utilities, and maintenar | nce | | | 14 | | | |
| Ä | 15 | Printing, publica | ations, postage, and ship | ping | | | 1 | | | 372 |
| | 16 | Other expenses | (describe Advertisin | g, Bank Fees, Supplies, Website, | Busines | s Rea. Fees |) 16 | | | |
| | 17 | Total expenses | Add lines 10 through 16 | 6 | | - 1.051 1 000 | . 17 | | | 2,424 |
| S | 18 | Excess or (defic | cit) for the year (Subtract I | ine 17 from line 9) | • • • • | | 18 | _ | | 0,336 |
| Assets | 19 | Net assets or fu | und balances at beginnir | ng of year (from line 27, colum | n (A)) (m | ust agree | with | | | 3,445 |
| AS | | end-of-year figu | re reported on prior year | 's return) | (/ (/) (// | idst agree | WILLI | | | |
| Net | 20 | Other changes i | n net assets or fund bala | nces (attach explanation) | | | 19 | _ | | 3,011 |
| Z | 21 | Net assets or fu | nd balances at end of ve | ar. Combine lines 18 through 20 | | | 20 | | | 310 |
| Pa | art II | Balance She | eets. If Total assets on lin | ne 25, column (B) are \$1,250,00 | 00 or mo | re file Form | . 21 | 000 | f Forms Occ 5 | 6,766 |
| | | and the second s | (See the instructions | for Part II.) | 0 0 110 | | NAME AND ADDRESS OF TAXABLE PARTY. | The latest designation of the latest designa | | |
| 22 | Ca | sh, savings and | | | | (A) begin | ning of year | - | (B) End of year | - |
| 23 | La | nd and buildings | | | | | 3,01 | | | 6,356 |
| 24 | Otl | her assets (descr | ihe Unrestricted Not a | ssets: "furniture and equipment" | | | | 23 | | 0 |
| 25 | | | | | | | | 0 24 | | 410 |
| 26 | To | tal liabilities (des | scribe | | | | | 1 25 | | 6,766 |
| 27 | | | | ımn (B) must agree with line 21 |) | | | 0 26 | | 0 |
| | | 31 101101 | mio 27 of cold | min (b) must agree with line 21 |) | | 3,01 | 1 27 | 6 | 6,766 |

| Form | 990-EZ (2009) | | | | | Page 2 |
|------|--|--------------------------------------|--------------------------------|--|------------------|-------------------------|
| Par | t III Statement of Program Service Accom | plishments (See the inst | ructions for Part I | 11.) | | Expenses |
| Wha | t is the organization's primary exempt purpose? | Educate orphans and empe | ower widows in Afri | ca | (Req | uired for section |
| | cribe what was achieved in carrying out the org | | | | , , | c)(3) and 501(c)(4) |
| | ner, describe the services provided, the number of | | | | | nizations and section |
| | program title. | or porcorio borrontou, una | | THATIOH TO | | (a)(1) trusts; optional |
| | | T | | | TOF O | thers.) |
| 28 | Marilynn Nursery and Primary School, Majohe, Tanz | | | | | |
| | on-going building of dormitories. Began construction | | | | | |
| | government. Serves 70 students plus 40 orphan stu | dents; tuition from paying st | tudents supports the | e orphans. | | |
| | (Grants \$ 5,780.00) If this amount | includes foreign grants, ch | neck here | . ▶ 🗸 | 28a | 5,780 |
| 29 | Mwaji Secondary School, Bujela, Tanzania. Finished | | | | | |
| | completion of 2nd classroom, purchased desks & cl | | | | | |
| | toilet, paid teachers' salaries, began construction or | | | | | |
| | | | | | | 47.000 |
| 00 | | includes foreign grants, ch | | AND REAL PROPERTY AND REAL PRO | 29a | 17,860 |
| 30 | PESA Africa, Dar es Salaam, TZ provided micro-lo | | | | | |
| | long-term self-sustainability. Businesses started inc | lude: piggeries, selling char | coal, opening a gen | eral store, | | |
| | and tailoring. | | | | | |
| | (Grants \$ 5,250) If this amount | includes foreign grants, ch | neck here | . • 🗸 | 30a | 5,250 |
| 31 | Other program services (attach schedule) | | | | | |
| | | includes foreign grants, ch | ack here | . • • | 31a | 9 650 |
| 32 | Total program service expenses (add lines 28a | through 31a) | ieck fiele | | 1 | 8,650 |
| Par | List of Officers, Directors, Trustees, and Key | | | | 32 | 37,540 |
| 1 41 | List of Officers, Directors, Trustees, and Key | | | | - | |
| | (a) Name and address | (b) Title and average hours per week | (c) Compensation (If not paid, | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
| | | devoted to position | enter -0) | deferred comper | nsation | other allowances |
| | Gann | President Director 10 | | | | |
| PO B | Box 1371, South Bend WA 98586-1371 | President, Director, 10 | 0 | | 0 | 0 |
| Liza | de Guzman | | | | | |
| 2130 | 5 Des Moines Memorial Dr., Des Moines, WA, 98198 | Vice-Pres, Dir, 6 | 0 | | 0 | 0 |
| | ele Torrev | | | | 0 | 0 |
| | ox 1371, South Bend WA 98586-1371 | Sec-Treas, Dir, 28 | | | | |
| | TOT 1, COULT DETIC WA 30300-1371 | | 0 | | 0 | 0 |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|----------|--|------------|--------|--------------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | 1 |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | | 1 |
| 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, attach a statement explaining why the organization did not report the income on Form 990-T. | 34 | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | | | 1 |
| b | 6033(e) notice, reporting, and proxy tax requirements? | 35a 35b | _ | - |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | 1973 | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 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 period covered by this return? | 38a | | / |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | ano. | |
| a | Initiation fees and capital contributions included on line 9 | _ | | |
| 40a | Gross receipts, included on line 9, for public use of club facilities | 4 | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| L | section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | | |
| 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 is it aware that it opposed in an excess benefit transaction with a discount of the property of t | | 1200 | |
| | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | 1 |
| 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 | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| 41 | transaction? If "Yes," complete Form 8886-T | 40e | | √ |
| | List the states with which a copy of this return is filed. WA The organization's heads are in care of a Michala Tarres. | | | |
| 720 | The organization's books are in care of ► Michele Torrey Telephone no. ► 3 | 360-87 | 5-9974 | 4 |
| h | Located at PO Box 1371, 1510 W. Water St., South Bend WA ZIP + 4 | 98586 | -1371 | |
| | 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 account)? | | Yes | No |
| | account)? | 42b | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | 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 | | √ |
| | 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 | | . • | |
| | | г | - | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | Yes | No |
| 45 | Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | ✓ |
| | The state of the s | 45 | | \checkmark |

Form **990-EZ** (2009)

| Part V | 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar | | | | All section ons 46-49b |
|--------------|--|--------------------------------------|--------------------------------------|---|----------------------------------|
| 46 | Did the organization engage in direct or indirect | t political campaign activiti | es on behalf | of or in opposition to | Yes No |
| 47 5 | candidates for public office? If "Yes," complete | Schedule C, Part I | | | 46 ✓ |
| 47 [| Did the organization engage in lobbying activitie | s? If "Yes," complete Sche | dule C, Part II | | 47 🗸 |
| 49a D | s the organization a school as described in section | on 170(b)(1)(A)(ii)? If "Yes," c | omplete Sche | dule E | 48 ✓ |
| b If | Did the organization make any transfers to an ex | cempt non-charitable relate | d organization | 1? | 49a ✓ |
| 50 C | f "Yes," was the related organization a section 5 Complete this table for the organization's five his | ahest compensated emplo | vees (other th | an officers directors | 49b ✓ |
| e | employees) who each received more than \$100,0 | 000 of compensation from | the organizati | on. If there is none, en | trustees and key ter "None " |
| | (a) Name and address of each employee paid more | (b) Title and average hours per week | (c) Compensa | tion (d) Contributions to | (e) Expense |
| | than \$100,000 | devoted to position | | employee benefit plans 8 deferred compensation | account and other allowances |
| None | *************************************** | | | | |
| | | | | | |
| ********** | *************************************** | | | | |
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| | *************************************** | | | | |
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| | | | | | |
| f To | otal number of other employees paid over \$100 | 000 | | | |
| None | (a) Name and address of each independent contractor p | | | Type of service | (c) Compensation |
| d To | tal number of other independent contractors ea | ch receiving over \$100,000 |) | 0 | |
| | | | | | |
| Sign Here | Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of Signature of officer Michele E Torrey, Secretary-Treasurer, Dire Type or print name and title | 7 | ng schedules and sed on all informat | statements, and to the best ion of which preparer has an best sign of which preparer has an arbitrary has a best sign of which preparer has a best sign of | of my knowledge ly knowledge. |
| aid | Preparer's | Date | Charlett | Description | |
| reparer's | signature | Date | Check if self- | Preparer's identifying number | er (See instructions) |
| se Only | Firm's name (or yours if self-employed), | | employed ▶ | | |
| | address, and ZIP + 4 | | | Phono no | |
| lay the IR | S discuss this return with the preparer shown a | bove? See instructions . | | Phone no. | /oo |
| | | | | | es No 990-EZ (2009) |

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

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| | | _ | | | | | | | <u> </u> | | |
|------------|------|---|---|--|-----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------|-----------------------------------|----------------------------|
| Pa | rt I | Reason | for Public Ch | narity Status (All or | ganizatio | ons mus | t compl | ete this | part.) Se | e instru | ctions. |
| The | org | anization is n | ot a private foun | ndation because it is: | (For lines | 1 throug | gh 11, ch | eck only | one box. | .) | |
| 1 | | A church, co | onvention of chu | rches, or association | of church | hes desc | ribed in s | ection 1 | 70(b)(1)(| A)(i). | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | esearch organiza ame, city, and st | ation operated in conj ate: | unction v | with a ho | spital de | scribed in | n section | 170(b)(1 |)(A)(iii). Enter the |
| 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 | | | | ernment or governme | ental unit | describe | d in sect | ion 170(l | b)(1)(A)(v |). | |
| 7 | | An organizat | ion that normally | y receives a substantia (1)(A)(vi). (Complete F | al part of | | | | | | the general public |
| 8 | П | | | d in section 170(b)(1) | | :omnlete | Part II \ | | | | |
| 9 | | An organizat receipts from support from | ion that normally n activities relate n gross investm | receives: (1) more that receives: (1) more that red to its exempt function and unreason after June 30, 1975. | an 33⅓ % tions—su lated bus | of its su bject to o siness ta | pport fro certain ex xable inc | ceptions ome (les | s, and (2) s section | no more | than 331/3 % of its |
| 10 11 | | An organizar purposes of | tion organized a | nd operated exclusive and operated exclusive blicly supported organated describes the type | ely for th | ne benefi describe | t of, to p | oerform t on 509(a) | he functi)(1) or sed | ons of, o ction 509(| (a)(2). See section |
| | | a ☐ Type | | _ | ог зарро : 🔲 Тур | | | | - | d [| |
| е | | By checking persons other | this box, I cert | tify that the organizat on managers and othe | tion is no | t control | led direc | tly or inc | directly by | y one or | more disqualified |
| f | | _ | zation received, check this box | a written determinati | on from | | that it is | a Type I | l, Type II | , or Type | III supporting |
| g | | • | t 17, 2006, has | the organization acce | | | ontributio | on from a | ny of the |) | |
| | | | | r indirectly controls, e | | | | h persor | ns descrit | oed in (ii) | Yes No |
| | | (iii) A 35% c | ontrolled entity | erson described in (i) a of a person described | d in (i) or | (ii) above | | | | | 11g(ii) 11g(iii) |
| _ <u>h</u> | | | | ation about the support | | | Ì | | ()) | | / ** A |
| (1) | | e of supported ganization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | in col. (i) lis | organization sted in your document? | the organ | ou notify nization in of your port? | organizat (i) organi | tion in col. zed in the S.? | (vii) Amount of support |
| | | | | | Yes | No | Yes | No | Yes | No | |
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| Tota | al | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc. (see instructions) 13 S 1

| _ | Gross receipts from related activities, etc. (see instructions) | | | _ |
|--------|---|------------------|-----------------------------|---|
| 3 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax your organization, check this box and stop here | | | |
| ec | tion C. Computation of Public Support Percentage | | | |
| 4 | Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % | _ |
| 5 | Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % | _ |
| 6a | 33\% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33\% 9 and stop here. The organization qualifies as a publicly supported organization | | , | |
| b | 331/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 3 box and stop here. The organization qualifies as a publicly supported organization | | · _ | |
| 7a | 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support | Expla | ain in Part IV how the | |
| b 8 | 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this limitation. | Explai ganiza | in in Part IV how the ation | _ |
| | | | | |

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.)

| Sec | tion A. Public Support | | | , | | | | |
|-----------------|--|-----------------|------------------|-------------------|-----------------|----------|----------|---------------|
| Ca | llendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) | 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | 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 | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the 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 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 | | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | | |
| | tion B. Total Support lendar year (or fiscal year beginning in) | (a) 000E | (h) 0006 | (a) 0007 | (4) 0000 | (-) | 0000 | (f) Total |
| | | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) | 2009 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| с 11 | Add lines 10a and 10b | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | here | <u> </u> | nd, third, fourtl | , | | | ` ' ' ' — |
| | Tublic support payaget on for 2000 (lin | | | - 10! | (t) | 45 | | 0/ |
| 15 16 Sec | Public support percentage for 2009 (lin Public support percentage from 2008 Stion D. Computation of Investmen | Schedule A, Pa | art III, line 15 | e 13, column | | 15 16 | | % % |
| | • | | | d by line 10 - | olumn /f/\ | 17 | | % |
| 17 18 | Investment income percentage for 2009 Investment income percentage from 2009 | • | . , | | . , , | 18 | | <u> </u> |
| 19a | | | | | | | an 33% | |
| ısa | 17 is not more than 33\% %, check this b | | | | | | | |
| b | 331/3 % support tests – 2008. If the organ line 18 is not more than 331/3 %, check this | ization did not | check a box or | line 14 or line | 19a, and line 1 | 6 is mo | ore than | 331/3 %, and |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19b | | | | tructions ► □ |

| 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. Provide any other additional information. See instructions. |
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Schedule B (Form 990, 990-EZ, or 990-PF)

or 990-PF)

Department of the Treasury

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Name of o | organization | | Employer identification number |
|------------|-----------------------------------|-------------------------------|--|
| Part I | Contributors (see instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) ons Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

| Part I | Contributors (see instructions) | , | |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
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| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

| Name of o | organization | | Employer identification number |
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| Part I | Contributors (see instructions) | | |
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Name of organization

Employer identification number

| Part II | Noncash Property (see instructions) | | |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | <i>l</i> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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Name of organization

Page ____ of ___ of Part II
Employer identification number

| Part II | Noncash Property (see instructions) | | |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | \$ | |

| Name of or | ganization | | | Employer identification number | |
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| Part III | Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ | | | | |
| (a) No. | contributions of \$1,000 or less for the year | ar. (Enter this infor | nation once. Se | ee instructions.) > \$ | |
| from | (b) Purpose of gift | (c) Use of g | ift | (d) Description of how gift is held | |
| Part I | | | | | |
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| | (e) Transfer of gift | | | | |
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| Part I | | | | | |
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| | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship | of transferor to transferee | |
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| | (a) Tuonofer of with | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 | ļ. | Relationship | of transferor to transferee | |
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| - | (e) Transfer of gift | | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 | , | Relationship | of transferor to transferee | |
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Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page _

of Part III

| Schedule B (F | Form 990, 990-EZ, or 990-PF) (2009) | | | Page of of Part III | | |
|---------------------------|--|---------|----------------------------------|-------------------------------------|--|--|
| Name of or | ganization | | | Employer identification number | | |
| Part III | Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. | | | | | |
| | For organizations completing Part III, e contributions of \$1,000 or less for the | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | e of gift | (d) Description of how gift is held | | |
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| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship | | ship of transferor to transferee | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | e of gift | (d) Description of how gift is held | | |
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| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
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| (a) No. from Part I | (b) Purpose of gift | (c) Use | e of gift | (d) Description of how gift is held | | |
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| | Transferee's name, address, and ZIP | + 4 | Relation | ship of transferor to transferee | | |
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Note. Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990-PF, Return of Private Foundation, line 1;
- Form 990, Return of Organization Exempt from Income Tax, Part VIII, Statement of Revenue, line 1; or
- Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, line 1.

Who Must File

Every organization must complete and attach Schedule B to their Form 990, 990-EZ, or 990-PF, unless it certifies that it does not meet the filing requirements of this schedule by answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2; on Form 990-EZ, line H; or on Form 990-PF, line 2. See the separate instructions for these lines on those forms.

If an organization is not required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XI, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Schedule B is:

- Open to public inspection for an organization that files Form 990-PF,
- Open to public inspection for a section 527 political organization that files Form 990 or 990-EZ, or
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors are not required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it should not include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributors to be Listed on Part I

A *contributor* (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

Contributions

Contributions reportable in Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions do not include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for a fuller discussion of what constitutes contributions.

General Rule

Unless the organization is covered by one of the *Special Rules* below, it must list in Part I every contributor who, during the year, gave the organization directly or indirectly, money, **securities**, or any other type of property aggregating \$5,000 or more for the organization's **tax year**. In determining the aggregate amount, separate and independent gifts of less than \$1,000 can be disregarded.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h or Form 990-EZ, line 1.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that were not for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under the General Rule, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year, and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization did not receive aggregate contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes, and consequently was not required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions

Note. You can duplicate Parts I through III if you need more copies. Number each page of each part.

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc.

Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify an "anonymous" donor if the organization has actual knowledge of such donor's identity. In column (c), enter the amount of aggregate contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "noncash" box for any contribution of property other than cash during the tax year, and complete Part II of this schedule.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that are not reported on Form 8872, Political Organization Report of Contributions and

Expenditures do not need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and zip code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the instructions to Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property is not immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest guoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, if the donor has fully given up use and enjoyment of the property at that time.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc. purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, total gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

| Name of the organization | Employe | r identification number |
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| Schedule O (Form 990) 2009 | Page 2 |
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| Name of the organization | Employer identification number |
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Schedule O (Form 990) 2009 Page 3

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Schedule

An organization should use Schedule O (Form 990), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990.

Who Must File

All organizations that file Form 990 must file Schedule O (Form 990). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11A and 19. If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990) as needed.

Complete the required information on the appropriate line of Form 990 or its schedules prior to using Schedule O (Form 990).

Identify clearly the specific part and line(s) of Form 990 or its schedule(s) to which each response relates. Follow the part and line sequence of Form 990 or the part and line sequence of its schedule(s).

Late return. If the return is not filed by the due date (including any extension granted), use a separate attachment to provide a statement giving the reasons for not filing on time. Do not use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, line B, use Schedule O (Form 990) to list each part or schedule and line item of the Form 990 that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. Do not use this schedule. See the instructions for Form 990. I. Group Return.

Parts III, V, VI, VII, and XI. Use Schedule O (Form 990) to provide any narrative information required for the following questions.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. "No" response to Part V, Statements Regarding Other IRS Filings and Tax Compliance, line 3b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights in line 1a.
- b. "Yes" responses to lines 2 through 7b.
- c. "No" responses to lines 8a, 8b, and 10b.
 - d. "Yes" response to line 9.
- e. Description of process for review of Form 990, if any, in response to line 11A.
 - f. "Yes" response to line 12c.
- g. Description of process for determining compensation on lines 15a and 15b.
- h. If applicable, in response to line 18, an explanation as to why the organization did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- i. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Estimate of average hours per week, if any, devoted to related organizations for which compensation was reported in columns (E) or (F).
- b. Description of reasonable efforts undertaken in regard to column (E).

- 5. Part XI, Financial Statements and Reportina.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Schedule E (Form 990 or 990-EZ), If applicable, use Schedule O (Form 990) to explain a "Yes" response to lines 6a or 6b or a "No" response to line 7. If additional space is needed, use Schedule O (Form 990) to explain a "No" response to line 3, 4a, 4b, 4c, or 4d, and a "Yes" response to line 5a, 5b, 5c, 5d, 5e, 5f, 5g, or 5h.

Schedule G (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to describe the custody or control arrangement and payments of fundraising expenses or reimbursements as required in Part 1, line 2b, columns (iii) and (v), respectively.

Schedule K (Form 990). If applicable, use Schedule O (Form 990) to describe the organization's use of alternative 12-month reporting periods with respect to bond issues reported on Schedule K (Form 990).

Schedule L (Form 990 or 990-EZ). Use Schedule O (Form 990) if additional space is needed to report information required by Schedule L (Form 990 or 990-EZ).

Schedule R (Form 990). If applicable, use Schedule O (Form 990) to provide the group exemption relationships described on Schedule R (Form 990), and to describe the method used to determine the amount(s) reported on Schedule R (Form 990), Part V, line 2. Other. Use Schedule O (Form 990) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990) any social security CAUTION number(s), because this

schedule will be made available for public inspection.