Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under eaction 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 centrolling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross recepts 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 cupy of this rotum to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A I	Fer the 2	010 calendar year, or tax year beginning November 1 , 2010, and ending Oc	ober 3	,20 11
	Check of app	O Fresh	yer ide	ntification number
	Address ch	and the country of the	26	-3098725
	Name char	The state of the s	hone nu	nber
_	intel etur	faits author seal	615	424-5440
님	Terminated	Ectiver town, state or country, and ZIP + 4	р Ехел	ption
H	Amended n Application	Forestand TN 27027	ber 🕨	
6			▶ □ ₫	the organization is not
	Website		to atta	ch Schedule B
_			90, 990	-EZ, or 990-PF)
K	Chack ▶	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally	nat mo	re than \$50,000 A
	Form 99	0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). E	But if the	e 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, or if total assets (Part II,		113,635
line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	·
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part 1		· · · · · 🗸
_	11	Contributions, gifts, grants, and similar amounts received	1	88,653
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory 5a		
	ь	Less: cost or other basis and sales expenses		
	l c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events	***	
	а	Gross income from garning (attach Schedule G if greater than		
Bevenie		\$15,000)		
ğ	Ь		:	
ğ		from fundraising events reported on line 1) (attach Schedule G if the		
	1	sum of such gross income and contributions exceeds \$15,000) 6b 6,582	1.:1	
	C	Less: direct expenses from garning and fundraising events 6c 3,754	433	
	d	Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract		
	1	line 6c)	6d	2,828
	7a	Gross sales of inventory, less returns and allowances 7a 18,400	- 1 / 534	
	b	Less: cost of goods sold	+	
Š)	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,567
% ⊚3	8	Other revenue (describe in Schedule O)	8	0
~	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,048
∢ .	10	Grants and similar amounts paid (list in Screenile O) [13] · 11 [N] @ 2017 · [10] · · ·	10	8,857
٦.	11		11	0
4 5	g 12	Salaries, other compensation, and employee benefits	12	11,103
	<u> </u> 13	Professional fees and other payments to independent contractor SEN, UT.	13	18,418
Ì	14	Occupancy, rent, utilities, and maintenance	14	3,580
) L	- I	Printing, publications, postage, and shipping	15	2,069
3	16	Other expenses (describe in Schedule O)	16	57,596
넑 _	17	Total expenses. Add lines 10 through 16	17	101,623
3 4	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,425
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		44 607
\vec{r}	19 20	end-of-year figure reported on prior year's return)	19	11,087
3	5 20 Z	Other changes in net assets or fund balances (explain in Schedule O)		15,512
	E 21	ing assets of fund datances at end of year. Combine (incs to unough 20	161	13,312

Form 9	990-EZ (2010)			Page 2
Par	Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in to	his Part II		
		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	11,087	22	7,106
23	l and and huildings		100	

							<u> </u>
				(A) Beg	numg of year		B) End of year
22	Cash, savings, and investments		[11,087	22	7,106
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	8,406
25	Total assets		[11,087	25	15,512
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21) [11,087	27	15,512
Par		plishments (see the instru	ictions for	Part III)	1	Expenses
	Check if the organization used Schedule	O to respond to any ques	ton in this	Part II	і г	(Requ	ared for section
What	t is the organization's primary exempt purpose?	Provide therapy for children	in central a	nd east	em Africa)(3) and 501(c)(4)
Dasc	ribe what was achieved in carrying out the organization	's exempt purposes, in a clear	r and concis	e mann	er, describe		Exitions and section (A)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and	other relevant information for e	ach program	title.	-		pers.)
28	Providing trauma therapy to children in central and	eastern Africa, 1200 former ci	hild coldiers	and we	reaffected	1	
	children and adults were served in a 12 month perio	d: advocated for the rights of	those child	nen the	anh	1	
	partnerships with other organizations		GIOSE CIMO				
		includes foreign grants, che	ack hore		. ▶ 🗷	28a	64.063
29	Towns A see I to all a see I to a	incodes lucign grants, Cit	SCA HETO .			203	54,852

	(Grants \$) If this amount	ingledes design and the	b. b				
30	(Ciants 9) ii this amount	includes foreign grants, che	eck nere .	<u> </u>	<u>. ▶⊔</u>	29a	
30							1
	***************************************	***************************************					
	// wash 0					1	
24		includes foreign grants, che	eck here .	• • •	<u>. ▶⊔</u>	30a	
31	Other program services (describe in Schedule O)				• • •		
20	(Grants \$) If this amount	includes foreign grants, che			<u>. ▶ 🗀</u>	31a	
	Total program service expenses (add lines 28a				▶	32	<u></u>
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ex	ren if not cor	pensa	ed. (see the	instruc	tions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques	ition in this	Part I	<u>,</u>		<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	(b) Title and average hours per week	(c) Compen	Part I\	(a) Contribute employee benef	ons to t pians &	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Trib and average	tion in this	Part I\	/ (d) Contribute	ons to t pians &	(e) Expense
Beth	Check if the organization used Schedule (a) Name and address namy Paige Haley	(b) Title and average hours per week	(c) Compen (if not pa enter -0	Part I\ sation id, -1	(a) Contribute employee benef	ons to t pians &	(e) Expense account and
Beth 600	Check if the organization used Schedule (a) Name and address sany Paige Haley 12th Ave South #811, Nashville, TN 37203	(b) Title and average hours per week devoted to position	(c) Compen (if not pa enter -0	Part I\	(a) Contribute employee benef	ons to t pians &	(e) Expense account and
Beth 600 Mari	Check if the organization used Schedule (a) Name and address sany Paige Haley 12th Ave South #811, Nashville, TN 37203 t McLean	(b) Title and average hours per week devoted to position	(c) Compen (if not pa enter -0	Part I\ sation id, -1	(a) Contribute employee benef	ons to t plans & insution	(e) Expense account and other allowances
Beth 600 Mari 613	Check if the organization used Schedule (a) Name and address sany Paige Haley 12th Ave South #811, Nashville, TN 37203 K McLean Stonewater Blvd., Franklin, TN 37064	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs	(c) Compen (if not pa enter -0	Part I\ sation id, -1	(a) Contribute employee benef	ons to t plans & insution	(e) Expense account and other allowances
Beth 600 Mari 613	Check if the organization used Schedule (a) Name and address sany Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -1	(a) Contribute employee benef	ors to it plans & noticen	te) Expense account and other allowances
Beth 600 Mari 613 Carr 613	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs	(c) Compen (if not pa enter -0	Part IV sation id, -1	(a) Contribute employee benef	ors to it plans & noticen	te) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id. -1 11,103	(a) Contribute employee benef	ons to it plans & insution O	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr	(c) Compen (if not pa enter -0	Part IV sation id. -1 11,103	(a) Contribute employee benef	ons to it plans & insution O	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances
Beth 600 Mari 613: Carr 613: Jake	Check if the organization used Schedule (a) Name and address sarry Paige Haley 12th Ave South #811, Nashville, TN 37203 (McLean Stonewater Blvd., Franklin, TN 37064 ie McLean Stonewater Blvd., Franklin, TN 37064 Blrdwell	O to respond to any ques (b) Title and average hours per week devoted to position Executive Director/ 30hrs Vice-President/ 1hr Honorary Board Mem./ 1hr	(c) Compen (if not pa enter -0	Part IV sation id, -) 11,103	(a) Contribute employee benef	ons to t plans & plans	(e) Expense account and other allowances

Part '	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			(2)
	Check if the organization used Scriedule O to respond to any question in this Fart 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		<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		✓
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.			
a	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37b		
ь 38а	Did the organization file Form 1120-POL for this year?	3/b		<u> </u>
ь 39	If "Yes," complete Schedule L, Part il and enter the total amount involved 38b 0 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		ì	
Ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 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			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shalter transaction? If "Yes," complete Form 8886-T	40e		7
41	List the states with which a copy of this return is filed. ► Tennessee			
42a	1110 0130 1000 000 000 010 010 010 010 0	615-42		<u> </u>
_	Located at ► 5123 Virginia Way, Ste. B-11, Brentwood, TN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	3/	027	•••••
Ь	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	8ccount)?	42b		1
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
43	tf "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	- [
			Yes	No
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		7
ь				7
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	_	7
	explanation in Schedule O	44d	A 67	

Form 990-EŽ (2016)

Page 4

						Yes	No
45	Is any related organization a controlled entity of	the organization within the	meaning of section	n 512(b)(13)?	45		7
а	Did the organization receive any payment from	or engage in any transactio	n with a controlled	entity within the	$\overline{}$		
	meaning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may	need to be comp	leted instead of		, ,	
	Form 990-EZ (see instructions)				45a		7
46	Did the organization engage, directly or indirect	ty, in political campaign act	ivities on behalf of	or in apposition		-	-
	to candidates for public office? If "Yes," compl	ete Schedule C, Part I			46		
Part						<u> </u>	
	501(c)(3) organizations and section 49	47(a)(1) nonevernet chari	itable takte muc	e trusts only. A	JI Sec	7 40L	_
	and 52, and complete the tables for lin	nes 50 and 51.	100 100 1100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 1	i aiswer quesilo	ris 4	<i>1</i> –49(9
	Check if the organization used Scheduk		chan in this Dart I	n			_
	Control of the contro	o to respond to any que	Such in the Lat /	<u> </u>			<u> </u>
47	Did the appealantly and the test of the second	.				Yes	No
47	Did the organization engage in lobbying activitie	s? If "Yes," complete Sche	dule C, Part II .		47		✓_
48	Is the organization a school as described in secti	on 170(b)(1)(A)(ii)? If "Yes," c	complate Schedule	E	48		_ ✓
49 a	Did the organization make any transfers to an e	xempt non-charitable relate	od organization?.		49a		1
ь	If "Yes," was the related organization a section	527 organization?			49b		7
50	Complete this table for the organization's five h	ighest compensated emplo	yees (other than o	fficers, directors, f	ruste	es an	d key
	employees) who each received more than \$100	.000 of compensation from	the organization.	f there is none, en	ter "N	lone."	,
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(n)	Expen	
	than \$100,000	hours per week devoted to position		employue benefit pizas & deformed compensation	ac	count a	ind
None					00.0		uices_
******		-[ĺ		
			 				
	***************************************	-					
		 	ļ		ļ		
		-					
*******		4		ł	i		
	······································		1				
]	1		1		
		L			l		
f	Total number of other employees paid over \$10	0.000	0				
•	Town in the control of the control o						
51	Complete this table for the organization's five	highest compensated inde	pendent contracti	Ors who each rec	eived	more	than
•	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde	pendent contracti	ors who each rec	eived	more	than
•	Complete this table for the organization's five	highest compensated inde on. If there is none, enter "N	lone."	ors who each rec		more	
-	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde on. If there is none, enter "N	lone."				
None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors.	highest compensated inde on. If there is none, enter "N r paid more than \$100,000	(a) Tyr				
None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors Total number of other independent contractors	highest compensated independent of there is none, enter "N r paid more than \$100,000	(a) Tyr	e at service			
None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors Total number of other independent contractors Did the organization complete Schedule A? No	highest compensated independent in the result of the resul	(a) Tyr	e at service			
None d	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors Total number of other independent contractors	highest compensated independent in the result of the resul	(a) Tyr	e at service 0 7(a)(1)	(c) Co	mpensa	ation
51 None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com-	highest compensated independent in the part of the par	(a) Tyr	e at service 0 7(a)(1) ▶ [(c) Co		ation
51 None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors Total number of other independent contractors Did the organization complete Schedule A? No	highest compensated independent in the part of the par	(a) Tyr	e at service 0 7(a)(1) ▶ [(c) Co		ation
51 None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com-	highest compensated independent in the part of the par	(a) Tyr	e at service 0 7(a)(1) ▶ [(c) Co		ation
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com-	highest compensated independent in the part of the par	(a) Tyr	O 7(a)(1) the best of my knowled whedge	(c) Co	mpens:	No . it is
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com-	highest compensated independent in the part of the par	00	e at service 0 7(a)(1) ▶ [(c) Co	mpens:	No . it is
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a commensaties of portry, I dictare that I have examined this return, a examined this return, a mech, and complete, idealization of preparer (either than officer signal research of the preparer (either than officer signal research officer signal research of the preparer (either than officer signal research officer signal research officer signal research offic	highest compensated independent of there is none, enter "Nor paid more than \$100,000 each receiving over \$100,000 be: All section 501(c)(3) organized Schedule A	00 . > and 494	O (a)(1) the best of my knowled whedge	(c) Co	mpens:	No.
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (a) Name and address of each independent contractors (b) Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a commentate of portor, I dictare that I have examined this return, a meet, and complete precipration of preparer (other than officer signaling other signaling of preparer (other than officer signaling other signaling other signaling of preparer (other than officer signaling other sig	highest compensated independent of there is none, enter "Nor paid more than \$100,000 each receiving over \$100,000 be: All section 501(c)(3) organized Schedule A	00	O (a)(1) the best of my knowled whedge	(c) Co	mpens:	No.
None d 52 Under p true, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (a) Name and address of each independent contractors (b) Total number of other independent contractors (c) Did the organization complete Schedule A? Not nonexempt charitable trusts must attach a commentate of portor, I dictars that I have examined this return, a meet, and complete, declaration of preparer (other than officer signaling all others and title	highest compensated independent of there is none, enter "None part of the part	00	o (a)(1)	(c) Co	mpens:	No.
None d 52 Under p true, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? No nonexempt charitable trusts must attach a compensation of preparer (other than officer sect, and complete, pectaration of preparer (other than officer Type or print as the contract of preparer (other than officer Type or print as the contract of preparer (other than officer Type or print as the contract of preparer (other than officer Type or print as the contract of the c	highest compensated independent of there is none, enter "Nor paid more than \$100,000 each receiving over \$100,000 be: All section 501(c)(3) organized Schedule A	00 . > and 494	O 7(a)(1)	(c) Co	mpens:	No . it is
None d 52 Under p true, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (a) Name and address of each independent contractor (b) of the organization complete Schedule A? Not nonexempt charitable trusts must attach a compensation of preparer (other than officer (a) or property of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or print the organization of preparer (other than officer (b) or preparer	highest compensated independent of there is none, enter "None part of the part	00	O 7(a)(1)	(c) Co	mpens:	No it is
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (b) Name and address of each independent contractors (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? Nonnonexempt charitable trusts must attach a compensation of preparer (other than officer and complete pectaration of preparer).	highest compensated independent of there is none, enter "None part of the part	00	O 7(a)(1)	(c) Co	mpens:	No it is
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? Not nonexempt charitable trusts must attach a commentate of portor, I dictare that I have exemined this return, a meet, and complete precipation of preparer (other than officer Typo or proteamle and title Prim/Type preparer's name Prep Firm's name Firm's name Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's address Firm's ad	highest compensated independent of there is none, enter "Nor paid more than \$100,000 each receiving over \$100,000 be: All section 501(c)(3) organized Schedule A	00 and to the preparer has any known in preparer has a prepa	Check If self-employed	Yes	impens:	No
None d 52 Under ptrue, co	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors (b) Name and address of each independent contractors (a) Name and address of each independent contractors. Total number of other independent contractors. Did the organization complete Schedule A? Nonnonexempt charitable trusts must attach a compensation of preparer (other than officer and complete pectaration of preparer).	highest compensated independent of there is none, enter "Nor paid more than \$100,000 each receiving over \$100,000 be: All section 501(c)(3) organized Schedule A	00 and to the preparer has any known in preparer has a prepa	Check If seti-employed	Yes Yes Yes	inpens:	No it is

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 S01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

CMB No. 1545-0047

2010

Open to Public Inspection

Employer identifi ation number Name of the organization 26-3098725 eXile international, inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/s% 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. c Type III-Functionally integrated b Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes 1100 (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 112(3) Provide the following information about the supported organization(s). (iv) is the organization in col. (i) listed in your (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (d) is the (si) Amount of the ord organization (described on lines 1-9) ation in code SUDDON cal. (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructional) Yes Yes 1 Yes 3 (A) (B) (C) (D) Œ)

Total

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.)

Cartis, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1		n A. Public Support			(-) 0000	(d) anno	(a) 2010	(f) Total
membership fees received. (Do not include any 'urusual grants.') . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Total. Add lines 1 through 3 . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . 8 Public support. Solbrate into 5 from line 4. 5 Gestion B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total organization included on securities loans, rants, royalties and income from similar sources . 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV) . 11 Total support. Add lines ? through 10 grants are collected on . 12 Gross receipts from related activities, etc. (see instructions) . 13 Public support percentage from 2009 Schedule A, Part II, line 14 . 14 Public support percentage from 2009 Schedule A, Part II, line 14 . 15 Public support percentage from 2009 Schedule A, Part II, line 14 . 15 Section C. Computation of Public Support Percentage . 16 Salf-4% support bear-cating from spanization did not check a box on line 13, refe, and line 15 is 331-9% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 16 Support percentage from 2009 (if the organization did not check a box on line 13, 16a, refeb, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	alend		(a) 2006	(b) 2007	(C) 2008	(0) 2009	(8) 2010	(I) TOTAL
Tax reverues levied for the organization's benefit and either pald to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Tatal. Add Innes 1 through 3 . 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge . 4 Total. Add Innes 1 through 3 . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . 6 Public support Subtract fine 5 from line 4. Soction B. Total Support Calendary year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Support subtract fine 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net Income from unrelated business is regularly carried on 10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV). 11 Total support. Add fines 7 through 10 22 Gross receipts from related activities, etc. (see instructions) 12 Ins. 400 Section C. Computation of Public Support Percentage Public support percentage from 2009 Schedula A, Part II, line 14 Public support percentage from 2009 Schedula A, Part II, line 14 13 The support Add fines 7 through 10 fine 6, column (f) divided by line 11, column (fi) 15 5 5 Public support percentage from 2010 (line 6, column (f) divided by line 11, column (fi) 15 5 5 17 Public support percentage from 2010 (line 6, column (f) divided by line 11, column (fi) 15 5 5 18 Say-May support text—2009. If the organization did not check a box on line 13, dea, of lib, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization (here, and circumstances test. The organization qualifies as a publicly supported organization of line 11 is 10% or more, and if the organization meets					1	50 022	22 252	147 526
2 Tex revenues levided for the organization's benefit and either paid to or expended on its behalf 3 3 The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Textal. Add lines 1 through 3 . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 25 of the amount shown on line 11, column (f) . 5 Public support Subtract line is from fine 4. 6 Gross income from interest, dividends, payments received on securities losts, rants, royalties and income from similar sources . 9 Net incomes from unrelated subsiness activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV.) . 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) . 12 [Explain in Part IV.) . 13 The years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(p(s)) organization, check this box and stop here. 2010, if the organization due the box on line 13, and line 14 is 33*/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test—2006, if the organization did not check the 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 stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 10% or more, and if the organization meets the "facts-and-circumstances"						30,0/3	00,033	147,020
organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Tetal. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i). 6 Public support. Subtract line 5 from line 4. Soction B. Total Support 7 Amounts from line 4. 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explan in Part IV). 11 Total support. Add lines 7 through 10 Gross roceipts from related activities, etc., (see instructors). 12 Gross roceipts from related activities, etc., (see instructors). 13 Public support percentage from 2009 Schedule A, Part II, line 14. 14 Public support percentage from 2009 Schedule A, Part II, line 14. 15 Public support percentage from 2009 Schedule A, Part II, line 14. 16 33's*8 support test—2010. If the organization did not check the box on line 13, read, and line 14 is 33'o/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2009. 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 stop here. The organization qualifies as a publicly supported organization part organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization particumstances test. The o								
The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add inses 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Soction B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 3. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from smilar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 Gross roceipts from related activities, etc. (see instructions) . 12 Total support. Add lines 7 through 10 Public support percentage for 2010 (line 8, column (f) divided by line 11, column (f)) . 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 331-3% support test—2009. If the organization did not check the box on line 13, riea, and line 15 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		167 10101000 10100					ļ	
The value of services or facilities furnished by a governmental unit to the crganization without charge. 4 Tetal. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. 6 Gross income from interest, dividends, payments received on securities learns, rents, royalties and income from similar sources 9 Net income from interest, dividends, payments received on securities learns, rents, royalties and income from similar sources 10 Other Income. Do not include gain or loss from the sale of capital assets (Explain In Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Is.,400 Section B. Total years of the from 950 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 7 Explore the years. If the Form 950 is for the organization if divided by line 11, column (f) 14 years organization, check this box and stop here. The organization qualifies as a publicly supported organization by a 31*% support test—2009. If the organization did not check the box on line 13, and line 15 is 33*of* or more, check this box and stop here. The organization qualifies as a publicly supported organization part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies		organization's benefit and entire palu						
trunshed by a governmental unit to the organization without charge . 4 Total Add lines it through 3 . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line it that exceeds 2% of the amount shown on line 11, column (f) . 6 Public support Substantian in the state of the s								
4 Tetal. Add lines 1 through 3			·					
4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subhard tine 5 from fine 4. Section B. Total Support Calendar year for fiscal year beginning in) 7 Amounts from line 4. 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from on securities loans, rents, royalties and income from similar sources. 10 Other Income. Do not include gain or loss from the sate of capital assets is regularly curried on. 11 Gross receipts from related activities, etc. (see instructions). 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501((S)) organization, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33'a% ormore, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33'a% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization m			ł					
The 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). Section B. Total Support Galendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or loss from the sate of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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)(s) organization, check this box and stop here. The organization of the check as box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization did not check a box on line 13 and line 14 is 33¹a% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2010. 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. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2009. 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. The organization qualifies as a pu		—				58.873	88,653	147,526
agovernmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 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) organization, check this box and stop here. 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2009 Schedule A, Part II, line 14 Public support percentage from 2009 Schedule A, Part II, line 14 16 331/3/8 support test—2009. If the organization oid not check the box on line 13, and line 14 is 331/3/8 or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-circumstances tast—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization organization. 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicl		-						
governmental unit or publicity supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 8 Public support, Subtract fine 5 from line 4. 8 Public support subtract from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the safe of capital assets (Explain in Part IV). 11 Total support, Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 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) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 15 is 331/3% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. Th	5			į.	;; .1); 		
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from sumiar sources . 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) . 12		Cuti. Politica		ĺ .				22 227
line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract fire 5 from fire 4. 8 Cection B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here. 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33*a% support test—2010. If the organization did not check the box on line 13, and line 14 is 33*a% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33*a% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" tes		supported organization) included on	į.	ij.,				Ed, dE I
shown on line 11, column (f). 8 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) > 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Yeuthic support percentage from 2009 Schedule A, Part II, line 14 16 33's support test—2010. If the organization did not check the box on line 13, and line 14 is 33's% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 15 is 33's% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-		line 1 that exceeds 2% of the amount					!	
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33'a% support test—2010. If the organization did not check the box on line 13, and line 14 is 33'a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization. b 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported orga				j				
Section B. Total Support Calendar year (or fiscal year beginning in) 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 loss from the sate of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage from 2009 Schedule A, Part II, line 14 Public support percentage from 2009 Schedule A, Part II, line 14 Public support best—2010, lift the organization did not check the box on line 13, and line 14 is 33¹/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13 fea, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supp	6	Public support. Subtract line 5 from line 4.						124,199
Calendar year (or fiscal year beginning in) Amounts from line 4 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage from 2010 (line 6, column f) divided by line 11, column fi) 13 33'a% support test—2010. If the organization did not check the box on line 13, and line 14 is 33'a% or more, check this box and stop here. The organization did not check a box on line 13 fea, and line 15 is 33'a% or more, check this box and stop here. The organization did not check a box on line 13 fea, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organizati	Secti	on B. Total Support		· · · · · · · · · · · · · · · · · · ·		1 40 0000	(-) CO40	M Tekni
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 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2009 Schedule A, Part II, line 14 Sa37a% support test—2010. If the organization did not check the box on line 13, and line 14 is 337a% or more, check this box and stop here. The organization dualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization. 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization organization.	Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008			
payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33/s% support test—2010. If the organization did not check the box on line 13, and line 14 is 33/s% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33/s% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a					<u> </u>	58,873	88,653	147,526
rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the safe of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 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) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f)) divided by line 11, column (f))	8	Gross income from interest, dividends,	1	1	1			
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the safe of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 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) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33¹a% support test—2010. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly support		payments received on securities loans,						
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33°s% support test—2010. If the organization did not check the box on line 14 is 33°a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 16 in 194 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 194 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 197 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 197 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 197 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 197 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies a								ļ
activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 331/a% support test—2010. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifi								
is regularly carried on Other income. Do not include gain or loss from the sate of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)	9			l	1	1		,
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 331-8% support test—2010. If the organization did not check the box on line 13, and line 14 is 331-8% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 b 331-8% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331-8% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16a or 16a, and line 15 is 331-8% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization organization organization organization organization organization organization organization organizati			l .	1	1		İ	1
toss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support test—2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 331/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain In Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain In Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain In Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain In Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a	_	• -	<u> </u>			 	1	
(Explain in Part IV.) 12 Total support. Add lines 7 through 10 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33's% support test—2010. If the organization did not check the box on line 13, and line 14 is 33's% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33's% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33's% or more, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a p	10	Other income. Do not include gain or	1		1		21,228	21,228
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support test—2010. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹a% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization.		(Evolute in Port IV)	İ		1	i		
Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2009 Schedule A, Part II, line 14 33's% support test—2010. If the organization did not check the box on line 13, and line 14 is 33's% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33's% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization.								168,754
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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 331/8/ support test—2010. If the organization did not check the box on line 13, and line 14 is 331/8/ or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. 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 stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization organization organization organization organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization organization organization organization organization organization organization organization organization organization o	-	Gross receirts from related activities, et	c. (see instruc	tions)				
Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 331/s/% support test—2010. If the organization did not check the box on line 13, and line 14 is 331/s/% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2009. 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. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		First five years, if the Form 990 is for	the organization	on's first, seco	nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3)
Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33¹a% support test—2010. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹a% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	10	crosnization, check this box and stop h	ere			. 	<u> </u>	🕨 🗸
Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2009 Schedule A, Part II, line 14 15 **Support test—2010. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹a% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as	Sect	ion C. Computation of Public Supp	ort Percenta	ge				
Public support percentage from 2009 Schedule A, Part II, line 14 16a 331a% support test—2010. If the organization did not check the box on line 13, and line 14 is 331a% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331a% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization.		Public support percentage for 2010 (line	6, column (f)	divided by line	11, column (f))			
16a 331a% support test—2010. If the organization did not check the box on line 13, and line 14 is 331a% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331a% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organi		Bublic support percentage from 2009 S	chadula A. Par	rt II. line 14 .				
box and stop here. The organization qualifies as a publicly supported organization b 33¹a% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		331a% support test-2010, if the orga	nization did no	nt check the bo	x on line 13, a	nd line 14 is 33	l'a% or more,	Check this
theck this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009, 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		hox and stop here. The organization of	jalifies as a pu	blicly supporte	ed organization			🗀
17a 10%-facts-and-circumstances tast—2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	b	331/a% support test-2009. If the org	anization did	not check a b	ox on line 13	or 16a, and lir	# 13 IS 33'37K	. or illiore,
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain the Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2009, 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		check this box and stop here. The orga	anization qualif	nes as a public	iy supported o	rganization		
Part IV how the organization meets the "facts-and-circumstances" test. The organization quaimes as a public supported organization	17a	10%-facts-and-circumstances test—	2010. If the or	ganization did	not check a bo	ox on line 13, 1	oa, or 160, and	j ijne 14 iS Evolsin in
organization		10% or more, and if the organization n	neets the "fact	e-and-circums	tances" test, c	neck this box i	ria smb neid.	enoported
b 10%-facts-and-circumstances test—2009, 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		Part IV how the organization meets the	"facts-and-cir	cumstances" t	est. The organ	izauon quanne	s as a publicly	· · > 🗆
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and study here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization					 IGn 16h or 17	a and line
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10%-facts-and-circumstances test-	2009. If the o	rganization did	not check a b	OX ON UNB 13, `	iod, IoD, Or I/ this hav and 4	a, and mio
supported organization		15 is 10% or more, and if the organia	zation meets t	ne "Tacts-and	-circumstances	The omenized	ion malifies as	a publiciv
supported organization		Explain in Part IV how the organization	meets the "ta	cas-and-circun	isterikos lest.	viyainzat	or decimo or	· · > 🗆
and the state of the second self-order books how as lies 12 16s 16h 17s or 17h chack this how and see		supported organization		o haves lies	 13 16a 16h 1	79 or 17h ch	ack this box an	ں۔ d see
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	ald not check		13, 102, 100, 1			► □
Instructions		Instructions	• • • •		<u> </u>	•	chodule A (Ferm	

rescring w.fr.	uiii 800 di 880-E2) 2010	Page 4
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).	
Part II, Line	e 10 - Net fundraising income \$2,828; Gross receipts from related business income 18,400.	

*********	***************************************	********
		•••••••

	***************************************	*********

	***************************************	**********
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
**********	***************************************	
	HERE IN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	**********
		***********
	***************************************	
	·	
	······································	

#### SCHEDULE 0 (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 890-EZ or to provide any additional information.

► Attach to Form 980 or 990-EZ.

2010

Open to Public Inspection

Name of the organization eXile international, inc.

Employer identification reamber 26-3098725

Part I, Line 10 - Children of Peace \$100; Kavira Kalolomera \$5,875; Peace Lives Center \$480; Gifts for Children \$2,402
Part I, Line 16 - Non-Profit Program Services \$48,587; Other Fundraising Expenses \$745; Bank Fees \$3,927; Telephone Exp. \$2,783
Office Supplies \$1,185; Website Hosting \$701; Meals \$742; Advertising \$641; Other Mgmt. Expenses \$285
Part II, Line 24 - Inventory \$5,434; Furniture & Equipment \$2,973
Part V, Line 35 - Sales of merchandise was not reported on 990-T because the merchandise sold was beaded necktaces made by the children
at the orphanages directly as a part of their art trauma therapy. Therefore, it relates directly to the tax-exempt purpose of
eXile international, inc.
THE COLUMN TO THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLU
·
·