## SCANNED MAR 15 200

Form 990-EZ

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

OMB No 1545-1150

| _                       |              |  | ar year  | or tax year beginning , 2006, and ending   |                                  |          | , 20                       |  |  |  |
|-------------------------|--------------|--|--|--|----------------------------------|----------|----------------------------|--|--|--|
| B                       | Check of ap  |  |  |  |                                  |          | ntification number         |  |  |  |
| $\overline{\mathbb{N}}$ | Address o    | use IRS label or Adventist Metro Ministries 71   |  |  |                                  |          | 0912724                    |  |  |  |
| 닟                       | Name cha     | -  | hone n   | umber  |                                  |          |                            |  |  |  |
|                         | Initial retu |  |  | 2)   | 902-0822                         |          |                            |  |  |  |
| 님                       | Termination  |  | See<br>Specific  | C/o 1219 Foxboro Drive  City or town, state or country, and ZIP + 4                        | <del></del>                      |          |                            |  |  |  |
| 님                       | Amended      | n pending  | Instruc-   | Norwalk, CT 06851  |                                  | p Exem   | ption                      |  |  |  |
| 느                       |              |  | tions.   |  | Num                              |          |                            |  |  |  |
|                         | • Section    | on 501(c)(3)   | organiza<br>a con  |  | counting manual<br>ner (specify) |          | Cash Accrual               |  |  |  |
|                         |              |  | _  | H Che  | eck ▶ □                          | if the o | organization is <b>not</b> |  |  |  |
| ı                       | Websit       | te: ► <u>*******</u>   | .adver   | ficimaira ara  | _                                |          | nedule B (Form 990,        |  |  |  |
| J                       | Organiz      | Organization type (check only one) — ☑ 501(c) (③ ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) |  |  |                                  |          |                            |  |  |  |
| K                       | Check ▶      | ► if the org   | ganizatio  | on is not a section 509(a)(3) supporting organization and its gross receipts are n         | ormally not                      | more th  | nan \$25,000. A return is  |  |  |  |
|                         |              |  |  | zation chooses to file a return, be sure to file a complete return.                        | - 200 57                         |          | 004 007                    |  |  |  |
|                         |              |  |  | ne 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Fo      |                                  | ▶ \$     | 221,397                    |  |  |  |
| F                       | art I        | Revenue,   | Expe   | nses, and Changes in Net Assets or Fund Balances (See th                                   | e instruc                        | 7 - 7    |                            |  |  |  |
|                         | 1            | Contribution   | ns, gifts  | i, grants, and similar amounts received  |                                  | 1        | 202,123                    |  |  |  |
|                         | 2            | Program se   | ervice i   | evenue including government fees and contracts   |                                  | 2        | <u> </u>                   |  |  |  |
|                         | 3            | Membersh   | ip dues  | and assessments  |                                  | 3        | 0                          |  |  |  |
|                         | 4            | Investment   | •  |  |                                  | 4        | 934                        |  |  |  |
|                         | 5a           | Gross amo  | ount fro   | m sale of assets other than inventory 5a   |                                  |          |                            |  |  |  |
|                         | Ь            |  |  | er basis and sales expenses  |                                  | 1        |                            |  |  |  |
|                         | C            |  |  | sale of assets other than inventory (Subtract line 5b from line 5a) (attach so             | chodulo)                         | 5c       | 0                          |  |  |  |
| ě                       | 6            |  |  | vities (complete applicable parts of Schedule G). If any amount is from gaming, check here |                                  |          |                            |  |  |  |
| Revenue                 | "_           |  |  | of contributions   |                                  |          |                            |  |  |  |
|                         | a            | reported o   | ]  |  |                                  |          |                            |  |  |  |
|                         | b            | Less: direc  | ]  |  |                                  |          |                            |  |  |  |
|                         | C            | Net income   | 6c   | 0  |                                  |          |                            |  |  |  |
|                         | 7a           | Gross sale   |  |  |                                  |          |                            |  |  |  |
|                         | Ь            | Less: cost   | 7  |  |                                  |          |                            |  |  |  |
|                         | c            |  |  | 7c   | 0                                |          |                            |  |  |  |
|                         | 8            | Other reve   | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) |  |                                  |          |                            |  |  |  |
|                         | 9            |  |  | dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   |                                  | 8        | 18,340<br>221,397          |  |  |  |
|                         |              |  |  |  |                                  | 10       | 0                          |  |  |  |
|                         | 10           |  |  | r amounts paid (attach schedule)   |                                  | 11       | 0                          |  |  |  |
| ιn                      | 11           |  |  | r for members  |                                  | 12       |                            |  |  |  |
| Expenses                | 12           | •  |  | mpensation, and employee benefits  |                                  |          | <u>~</u>                   |  |  |  |
| ë                       | 13           | Profession   |  | 13   | 135,728                          |          |                            |  |  |  |
| ×                       | 14           | Occupancy  |  | 14   | 81,200                           |          |                            |  |  |  |
| ш                       | 15           | Printing, pi   |  | 15   | 0                                |          |                            |  |  |  |
|                         | 16           | Other expe   | enses (  | describe   Events, Materials, Exp. Reimbursement & Bank Fees                               | )                                | 16       | 36,777                     |  |  |  |
|                         | 17           | Total expe   | enses.   | Add lines 10 through 16  | <u> ▶</u>                        | 17       | 253,705                    |  |  |  |
| 22                      | 18           | Excess or  | (deficit)  | for the year (Subtract line 17 from line 9)  |                                  | 18       | -32,308                    |  |  |  |
| Net Assets              | 19           | Net assets   | or fur   | d balances at beginning of year (from line 27, column (A)) (must a                         | aree with                        |          |                            |  |  |  |
| Ą                       |              |  |  | e reported on prior year's return)   |                                  | 19       | 108,594                    |  |  |  |
| et                      | 20           | Other char   | nges in  | net assets or fund balances (attach <b>REGENTE</b> D)                                      |                                  | 20       | 0                          |  |  |  |
| Z                       | 21           | Net assets   | 21   | 76,286   |                                  |          |                            |  |  |  |
| P                       | art II       | Balance  | Sheet  | s. If Total assets on line 25, columny (2) are \$2,500,000 or more, file F                 | orm 990 i                        | nstead   | of Form 990-EZ.            |  |  |  |
|                         |              | -  |  | ee the instructions for Part II.)  | Beginning of                     | year     | (B) End of year            |  |  |  |
| 22                      | Caci         | h eavinge 1  |  | · · · · · · · · · · · · · · · · · · ·  | 108.                             | 594 22   | 76,286                     |  |  |  |
| 23                      | . Jasi       | n, savings, d<br>d and buildin   |  | estments DEC D 9 2009  |                                  | 0 23     |                            |  |  |  |
|                         |              |  |  |  |                                  | 0 24     | <del></del>                |  |  |  |
| 24                      |              |  |  | FO ODDUCTOR )  | 108                              | 594 25   | <del></del>                |  |  |  |
| 25                      | iota         | a assets .   |  |  | 100,                             | 0 26     |                            |  |  |  |
| 26                      | Tota         | al liabilities (   | aescrit  | De ►   | 400                              |          | <del></del>                |  |  |  |
| 27                      |              |  |  |  |                                  | 594 27   |                            |  |  |  |
| 10                      | r PHVac      | y Act and Pa   | aperwol  | k Reduction Act Notice, see the Instruction for Form 990. Cat I                            | No 106421                        |          | Form <b>990-EZ</b> (2008)  |  |  |  |

| · 6/1/1 656 EZ (2666)  |                                 |                     |   |         | . ugo <del>-</del>  |
|--|---------------------------------|---------------------|---|---------|---------------------|
| Part III Statement of Program Service Accom  | plishments (See the instr       | uctions for Part    | lii.)                                   |         | Expenses            |
| What is the organization's primary exempt purpose?   | upport community-building       | ng activities in N' | C/environs                              | (Req    | uired for 501(c)(3) |
| Describe what was achieved in carrying out the organization  | ation's exempt purposes. In     |                     | (4) organizations<br>4947(a)(1) trusts, |         |                     |
| describe the services provided, the number of persons be   | nefited, or other relevant info | rmation for each p  | rogram title.                           |         | onal for others.)   |
| 28 Primary current project is Faith House ₩anhattai  | n, an innovative concept b      | ringing Jews. Mi    | uslims.                                 |         |                     |
| Christians, and adherents of other faiths (and no  |                                 |                     |   |         |                     |
| serve his/her God and his/her community better.  |                                 |                     |   |         |                     |
| (Grants \$ ) If this amount incli  | idee foreign grante, check      | hore                |   | 28a     | 215,471             |
| 29 Secondary current project is CityLights, a Christ   | ion community which fund        | coione as one of    | ·ho                                     | 204     | 410,471             |
|  |                                 |                     |   |         |                     |
| subgroups of Faith House Manhattan.  |                                 |                     |   |         |                     |
|  |                                 |                     |   |         |                     |
| (Grants \$ ) If this amount incli  | udes foreign grants, check      | <u>here</u>         | <u> </u>                                | 29a     | 36,000              |
| 30   |                                 |                     |   |         |                     |
|  |                                 |                     |   |         |                     |
|  |                                 |                     |   |         |                     |
| (Grants \$ ) If this amount incli  | udes foreign grants, check      | here                | . ▶ □                                   | 30a     |                     |
| 31 Other program services (attach schedule)  |                                 |                     |   |         |                     |
| (Grants \$ ) If this amount incli  | udes foreign grants, check      | here                | . • □                                   | 31a     |                     |
| 32 Total program service expenses (add lines 28a th  |                                 |                     |   | 32      | <del></del>         |
| Part IV List of Officers, Directors, Trustees, and Key   |                                 |                     |   |         | ons for Part IV.)   |
| Edit of Officerof Proceeding Traceson and Proy   | (b) Title and average           | (c) Compensation    | (d) Contributio                         |         | (e) Expense         |
| (a) Name and address   | hours per week                  | (If not paid,       | employee benefit<br>deferred comper     |         | account and         |
| D-d O-lb   | devoted to position             | enter -0)           | deterred compet                         | isation | other allowances    |
| Rod Colburn  | President/Acting Treas          | 0                   |   | 0       | 0                   |
| 1219 Foxboro Drive, Norwalk, CT 06851  |                                 | U                   |   | U       | U                   |
| Monte Sahlin   | Secretary                       |                     |   | _       | _                   |
| 35 Eleanor Drive, Springfield, OH 45066  |                                 | 0                   |   | 0       | 0                   |
| Bill Ashlock   | Director                        |                     | İ                                       |         |                     |
| 1685 S. Wabash Avenue, Redlands, CA 92373  |                                 | 0                   |   | 0       | 0                   |
|  |                                 |                     |   |         |                     |
|  |                                 |                     |   |         |                     |
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|  |                                 |                     |   |         |                     |
|  | 1                               |                     |   |         |                     |
|  |                                 |                     |   |         | ,                   |
|  | 1                               | 1                   | 1                                       |         |                     |
|  |                                 |                     | <b>†</b>                                |         |                     |
|  | 1                               |                     | 1                                       |         |                     |

| Par      | t V Other Information (Note the statement requirements in the instructions for Part VI.)   |             |      |          |
|----------|--|-------------|------|----------|
|          |  |             | Yes  | No       |
| 33       | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33          |      | 1        |
| 34       | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   | 34          |      | 1        |
| 35       | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  |             |      |          |
| а        | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?   | 35a         |      | 1        |
| b        | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b         |      | <u> </u> |
| 36       | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N   | 36          | !    | 1        |
| 37a      | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  | _           |      |          |
| b        | Did the organization file Form 1120-POL for this year?   | 37b         |      | 1        |
|          | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  | 38a         |      | 1        |
|          | If "Yes," complete Schedule L, Part II and enter the total amount involved   | -           |      |          |
| 39       | Section 501(c)(7) organizations. Enter:  |             |      |          |
|          | initiation roos and daptar communication molados on the state of the s | ┥           |      |          |
|          | Gross receipts, included on line 9, for public use of club facilities  | ۱ ۱         |      |          |
|          | section 4911 ▶; section 4912 ▶; section 4955 ▶   |             |      |          |
| b        | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule   | 401         |      |          |
|          | L, Part I  | 40b         |      | <b>√</b> |
| С        | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |             |      |          |
| d        | Enter amount of tax on line 40c reimbursed by the organization ▶   |             |      |          |
| е        | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e         |      | 1        |
| 41       | List the states with which a copy of this return is filed. ▶ New York  |             |      |          |
| 42a      | The books are in care of ▶ Rod Colburn  Telephone no. ▶ (212   |             | 2-08 | 22       |
|          | Located at ► 1219 Foxboro Drive, Norwalk, CT ZIP + 4 ►   | 068         | 51   |          |
| b        | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |             | 54   |          |
|          | over a financial account in a foreign country (such as a bank account, securities account, or other financial  | 404         | Yes  | No<br>√  |
|          | account)?  | 42b         |      | A        |
|          | 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.  |             |      |          |
| С        | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c         |      |          |
| 43       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  |             |      |          |
|          | and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43   | <del></del> |      |          |
|          |  |             | Vac  | No       |
|          | Dill.  |             | Yes  | No       |
| 44       | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44          |      | 1        |
| 45<br>—— | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45          |      | 1        |
|          |  | 00          | ~    |          |

| Part           | Section 501(c)(3) organizations only and complete the tables for lines 50 a                                   |  | organizations m                                  | ust answer questi   | ons 46    | <del>-4</del> 9                |
|----------------|---|--|--|---|-----------|--------------------------------|
|                | Did the organization engage in direct or indirect   |  | es on behalf of or                               | in opposition to  |           | Yes No                         |
|                | candidates for public office? If "Yes," complete S  |  |  |   | 46        | 4                              |
|                | Did the organization engage in lobbying activities  | •  |  |   | 47        | 4                              |
|                | Is the organization operating a school as describe  |  |  | lete Schedule E .   | 48        | - <del>  4</del>               |
|                | Did the organization make any transfers to an ex-   |  | ed organization?                                 |   | 49a       | -                              |
|                | If "Yes," was the related organization(s) a section   |  |  |   | 49b       |                                |
| <b>50</b>      | Complete this table for the five highest compensate each received more than \$100,000 of compensate           | ion from the organization  | . If there is none,                              | enter "None."   | ·         |                                |
|                | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position         | (c) Compensation                                 | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | acco      | xpense<br>unt and<br>llowances |
| None           | 9   |  |  |   |           |                                |
|                |   |  |  |   |           |                                |
|                |   |  |  |   |           |                                |
|                |   |  |  |   | •         |                                |
|                |   |  |  |   |           |                                |
| Total          | number of other employees paid over \$100,000 ▶   |  | <del>                                     </del> | <del> </del>  |           |                                |
|                | compensation from the organization. If there is no<br>(a) Name and address of each independent contractor     |  | (b) 1  | ype of service  | (c) Com   | pensation                      |
| None           | <u> </u>  |  |  |   |           |                                |
|                |   |  |  |   |           |                                |
|                |   |  |  |   |           |                                |
|                |   |  |  |   |           |                                |
|                |   |  |  |   |           |                                |
| Total          | number of other independent contractors each re   |  | . ▶  |   |           |                                |
| Sign           | Under penalties of penjury declare that I have examinand belief, it is true, correct, anti-complete. Declarat | ned this return, including accom<br>ion of preparer (other than offici | panying schedules an<br>er) is based on all info | d statements, and to the trination of which prepare                       | r has any | / knowledge<br>· knowledge.    |
| Here           | Signature of Officer  Roo Colbuen P   | PESIDENT   |  | Date  | •         |                                |
| Paid           | Preparer's signature  | Date   | Check if self-<br>employed                       | Preparer's Identifying  | Number (S | ee instructions)               |
| Prepa<br>Use 0 | Firm's name (or yours )   | L  | remployed  | EIN >   |           | <del></del>                    |
|                | If self-employed), address, and ZIP + 4   |  | · · · · · · · ·                                  | Phone no ► ( )  |           |                                |
| May t          | the IRS discuss this return with the preparer show  | vn above? See instruction  | ns   | ▶   | ☐ Ye      | s 🗌 No                         |
|                |   |  |  | F   |           | -EZ (2008)                     |

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Name of the organization

Open to Public Inspection

Employer identification number

| _        |   | St Metro Mil   | ·                        | <del> </del>                                     |              |                        |                  |                     | <u> </u>     |  | )91 <i>272</i> 4                      |
|----------|---|----------------|--------------------------|--|--------------|------------------------|------------------|---------------------|--------------|--|---------------------------------------|
| Pa       | rt I  | Reason         | for Public Ch            | narity Status (All or                            | ganizatio    | ons mus                | t comple         | ete this            | part.) (se   | ee instru  | ctions)                               |
| The      | orga  | anization is n | ot a private four        | ndation because it is:                           | (Please o    | heck only              | y <b>one</b> org | ganızatio           | n.)          |  |                                       |
| 1        |   | A church, co   | onvention of chu         | rches, or association                            | of churcl    | hes desc               | ribed in s       | ection 1            | 70(b)(1)(    | A)(i).   |                                       |
| 2        |   | A school des   | scribed in <b>sectio</b> | on 170(b)(1)(A)(ii). (Att                        | tach Scho    | edule E.)              |                  |                     |              |  |                                       |
| 3        |   | A hospital or  | r a cooperative l        | hospital service organ                           | ization d    | escribed               | in sectio        | n 170(b)            | (1)(A)(iii). | (Attach S  | Schedule H.)                          |
| 4        |   |                |                          | ation operated in conj                           |              |                        |                  |                     |              |  |                                       |
|          |   |                | me, city, and st         |  |              |                        |                  |                     |              |  | · · · · · · · · · · · · · · · · · · · |
| 5        |   | An organizat   | tion operated for        | the benefit of a colle                           | ge or uni    | versity ov             | vned or d        | perated             | by a gov     | emmenta  | I 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). |                |                          |  |              |                        |                  |                     |              |  |                                       |
| 6        |   |                |                          |  |              |                        |                  |                     |              |  |                                       |
| 7        | $\checkmark$  |                |                          | y receives a substantia                          |              | its suppo              | ort from a       | governn             | nental uni   | it or from                                       | the general public                    |
| _        |   |                | • •                      | (1)(A)(vi). (Complete F                          | -            |                        | <b>-</b>         |                     |              |  |                                       |
| 8        | 님   |                |                          | d in section 170(b)(1)                           |              |                        |                  |                     |              |  |                                       |
| 9        | Ш   |                |                          | receives: (1) more that                          |              |                        |                  |                     |              |  |                                       |
|          |   |                |                          | ed to its exempt functi<br>ent income and unre   |              |                        |                  |                     |              |  |                                       |
|          |   |                |                          | after June 30, 1975.                             |              |                        |                  |                     |              | i Jii lax  | I IIOIII Dusiilesses                  |
|          | $\Box$  | -              | -                        |  |              | -                      |                  | •                   | -            | (=\((4\) \) (= =                                 | - ! <b>- !</b> \                      |
| 10<br>11 |   |                |                          | nd operated exclusive                            |              |                        |                  |                     |              |  |                                       |
|          | ш   |                |                          | and operated exclusive<br>blicly supported organ |              |                        |                  |                     |              |  |                                       |
|          |   |                |                          | at describes the type                            |              |                        |                  |                     |              |  |                                       |
|          |   | a Type         |                          |  |              | e IIIFun               |                  |                     |              |  | Type III-Other                        |
| _        |   | • •            |                          | tify that the organizat                          |              |                        | -                | -                   |              |  | • •                                   |
| -        | ш   |                |                          | on managers and other                            |              |                        |                  |                     |              |  |                                       |
|          |   |                | section 509(a)(2)        |  | r triair orn | c or more              | publicly         | Supporte            | or garil     | Lations de                                       | sombed in Section                     |
| f        |   | . , , ,        | , ,, ,                   |  |              | the IDC i              |                  | . T                 | l Time II    | T  | III amanadina                         |
| •        |   |                | , check this box         | a written determinati                            | on ironi     | uie ino                | unat it is       | a Type              | і, туре іі   | , or type  | in supporting                         |
| ~        |   | J              | •                        | the organization acce                            | ntod anv     | <br>raift or c         | <br>ontributu    | on from a           | nv of the    |  | ⊔                                     |
| g        |   | following pe   |                          | the organization acce                            | pied any     | giit oi c              | onunbunc         | )                   | arry Or tric | •  |                                       |
|          |   | • •            |                          | r indirectly controls, e                         | either alo   | ne or too              | ether wit        | h nersor            | ns descri    | hed in (ii)                                      | Yes No                                |
|          |   |                |                          | ning body of the sup                             |              |                        |                  | porcor              |              | 50 <b>0</b> III (II)                             | 11g(i)                                |
|          |   |                | •                        | erson described in (i) a                         |              |                        |                  | •                   |              |  | 11g(ii)                               |
|          |   |                |                          | of a person described                            |              |                        |                  |                     |              |  | 11g(iii)                              |
| h        |   |                |                          | ation about the organ                            |              |                        |                  | upports.            |              |  | <del></del>                           |
| (i)      |   | of supported   | (ii) EIN                 | (iii) Type of organization                       |              | organization           |                  | ou notify           |              | ls the   | (vii) Amount of                       |
|          | org   | anization      |                          | (described on lines 1-9<br>above or IRC section  |              | sted in your document? |                  | nization in of your |              | tion in col<br>zed in the                        | support                               |
|          |   |                |                          | (see instructions))                              | govarining   |                        |                  | ort?                |              | S ?  |                                       |
|          |   |                |                          |  | Yes          | No                     | Yes              | No                  | Yes          | No   |                                       |
|          |   |                |                          |  |              |                        |                  |                     |              |  |                                       |
|          |   |                |                          |  |              |                        |                  |                     | ļ            | <u> </u>   |                                       |
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|          |   |                |                          |  |              | ļ                      |                  |                     | <u> </u>     | <del>                                     </del> | <del>-</del>                          |
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|          |   |                |                          | <del>                                     </del> |              |                        |                  |                     | <u> </u>     | ļ  |                                       |
|          |   |                |                          |  |              |                        |                  |                     |              | ]  |                                       |

| Par     | Support Schedule for Org (Complete only if you check   | <b>anizations</b> l<br>ked the box  | <b>Described in</b> on line 5, 7,     | Sections 17<br>or 8 of Part I           | O(b)(1)(A)(iv)<br>.)                      | and               | 170(b)(1       | )(A)(vi)    |
|---------|--|-------------------------------------|---------------------------------------|---|---|-------------------|----------------|-------------|
| Sec     | tion A. Public Support   |                                     |                                       |   |   |                   |                |             |
| Ca      | lendar year (or fiscal year beginning in) 🕨  | (a) 2004                            | (b) 2005                              | (c) 2006                                | (d) 2007                                  | (e)               | 2008           | (f) Total   |
| 1       | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | !<br>!                              |                                       |   |   |                   | 202,123        |             |
| 2       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                     |                                       |   |   |                   | 0              |             |
| 3       | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                     |                                       |   |   |                   | 0              |             |
| 4       | Total. Add lines 1-3   |                                     |                                       |   |   |                   | 202,123        |             |
| 5<br>6  | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. |                                     |                                       |   |   |                   |                |             |
|         | tion B. Total Support  |                                     | <del> </del>                          | 1 .                                     |   | <u></u>           |                |             |
|         | lendar year (or fiscal year beginning in) ▶  | (a) 2004                            | <b>(b)</b> 2005                       | (c) 2006                                | (d) 2007                                  | (e)               | 2008           | (f) Total   |
| 7       | Amounts from line 4  | 11                                  |                                       |   |   |                   | 202,123        | <del></del> |
| 8       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                                     |                                       |   |   |                   | 934            |             |
| 9       | Net income from unrelated business activities, whether or not the business is regularly carried on   |                                     |                                       |   |   |                   | 0              |             |
| 10      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                                     |                                       |   |   |                   | 18,340         |             |
| 11      | Total support. Add lines 7 through 10 .  |                                     | <u></u>                               | <u> </u>                                |   | ļ                 |                |             |
| 12      | Gross receipts from related activities, etc  | (see instruction                    | ons)                                  |   |   | 12                |                | ·····       |
| 13      | First five years. If the Form 990 is for organization, check this box and stop he  | re                                  |                                       | nd, third, fourth                       |   |                   |                | ' ' L' 🖂    |
| Sec     | tion C. Computation of Public Su   |                                     |                                       | ·                                       | <del></del>                               | 1                 |                |             |
| 14      | Public support percentage for 2008 (line   |                                     | <del>-</del>                          | 1, column (f))                          |   | 14                |                | <u>%</u>    |
| 15      | Public support percentage from 2007 Sch  |                                     |                                       |   |   | _15               |                | <u>%</u>    |
|         | a 33% % support test—2008. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization                                     |                                     |                                       |   |   |                   | ▶ □            |             |
| b       | 33% % support test—2007. If the organization qua   |                                     |                                       |   |   |                   | or more,       |             |
| 17a     | 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum   | acts-and-circu                      | mstances" test,                       | check this box                          | and stop here                             | . Expla           | ın ın Part     | IV how the  |
| b<br>18 | 10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstare" Private foundation. If the organization did   | acts-and-circur<br>inces" test. The | nstances" test, o<br>organization qua | check this box a<br>alrfies as a public | and <b>stop here</b> .<br>cly supported o | Explai<br>rganiza | n in Partition | V how the   |
| .5      | ioundation il tile diganization did  | HOL CHECK & D                       | On mie 10, 10                         | a, 100, 17a, 01                         | D, GIRCUR HIIS                            | JUX di            | 300 11131      | 14000113 -  |

| Pai      | Support Schedule for Orga<br>(Complete only if you check   |                       |                   |                                       | a)(2)             |              |  |
|----------|--|-----------------------|-------------------|---------------------------------------|-------------------|--------------|--|
| Sec      | tion A. Public Support   |                       |                   | <u> </u>                              |                   |              | <del></del>                                      |
|          | llendar year (or fiscal year beginning in) 🕨   | (a) 2004              | <b>(b)</b> 2005   | (c) 2006                              | (d) 2007          | (e) 2008     | (f) Total  |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include  |                       |                   |                                       |                   |              |  |
| 2        | any "unusual grants.")   |                       |                   |                                       |                   |              |  |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513   |                       |                   |                                       |                   |              |  |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                       |                   |                                       |                   |              |  |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                   | ·                                     |                   |              | <del>                                     </del> |
| 6        | <b>Total.</b> Add lines 1-5  |                       |                   |                                       |                   |              |  |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons .   |                       |                   | · · · · · · · · · · · · · · · · · · · |                   |              |  |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |                       |                   |                                       |                   |              |  |
| С        | Add lines 7a and 7b  |                       |                   |                                       |                   |              |  |
| 8        | Public support (Subtract line 7c from line 6.)   |                       |                   |                                       |                   |              |  |
| Sec      | tion B. Total Support  |                       |                   |                                       |                   |              |  |
| Ca       | alendar year (or fiscal year beginning in) 🕨   | (a) 2004              | (b) 2005          | (c) 2006                              | (d) 2007          | (e) 2008     | (f) Total  |
| 9<br>10a | Amounts from line 6  |                       |                   |                                       |                   |              |  |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | :                     |                   |                                       |                   |              |  |
| с<br>11  | Add lines 10a and 10b  |                       |                   |                                       |                   |              |  |
| 12       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                       |                   |                                       |                   |              |  |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                       |                   |                                       |                   |              |  |
| 14       | First five years. If the Form 990 is for organization, check this box and stop   | the organization here |                   |                                       | h, or fifth tax y |              |  |
| Sec      | tion C. Computation of Public Su   | pport Perce           | ntage             |                                       |                   |              |  |
| 15       | Public support percentage for 2008 (lin  | ne 8, column (        | f) divided by Irr | e 13, column                          | (f))              | 15           | %  |
| 16       | Public support percentage from 2007  |                       |                   |                                       |                   | 16           | %  |
| Sec      | tion D. Computation of Investme  |                       |                   |                                       |                   |              |  |
| 17       | Investment income percentage for 200   | 8 (line 10c, co       | lumn (f) divide   | d by line 13. c                       | olumn (f)) .      | 17           | %  |
| 18       | Investment income percentage from 2  |                       |                   |                                       |                   | 18           | %  |
|          | 33\% % support tests - 2008. If the org 17 is not more than 33\% %, check this b   | anization did r       | not check the b   | ox on line 14,                        |                   |              |  |
| b        | 331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this  | nization did not      | check a box or    | line 14 or line                       | 19a, and line 1   | 6 is more th | an 331/3 %, and                                  |
| 20_      | Private foundation. If the organization  | did not check         | a box on line 1   | 4, 19a, or 19b                        | o, check this b   | ox and see   | instructions 🕨 🗌                                 |

| Schedule A (Form 990 or 990-EZ) 2008 Page |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| Part IV                                   | Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see | Part II, line 10; instructions)         |  |  |  |  |
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