SCANNED SEP 3 0 2010

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

26 Total liabilities (describe ►) 26				ar year, or tax year beginning	MAY 1,	2009		and end	ng AP			2010
Secret S	B	applicab	le Please UN	•						D Empl	loyer i	dentification number
				RMANENT FUND TRUST	r for H	ARVARD						
Section 50 (c)(3) organizations and 49474(1)(1) onesawent banklable trests must attach a complete double with the company of			TRAVELLERS CLUB						0 4	04-6115589		
Section 501c(3) agraination and 4947(4) from 990 or 990-EZ SATES For Support Schedule She add		Initial return		umber and street (or P.O. box, if mail is	not delivered to	street address)		F	Room/suite	E Tele	phone	number
Section 501(c)(3) organizations and 4947(a)(1) necessarily charitable trusts must attach a completed Schedule A [Frem 990 or 990-C2]. Website: ► N/A If check ► XI if the organization and 4947(a)(1) or S27 If excessment state, check only one) — XI 501(c)(3) ◄ (insert no.) ■ 4947(a)(1) or S27 If excessment state, check only one) — XI 501(c)(3) ◄ (insert no.) ■ 4947(a)(1) or S27 If excessment state, check only one) — XI 501(c)(3) ◄ (insert no.) ■ 4947(a)(1) or S27 If excessment state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excessment state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 4947(a)(1) or S27 If excess the state, check only one) — XI 501(c)(3) ■ (insert no.) ■ 5 and state one) ■ 5		ated	instruc-	O GEORGE BATES, P.	O.BOX	190				78	<u> 31-</u> 3	821-0400
Section 501(c)(3) organizations and 4917(s)(1) nenexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ► N/A The companization is not section 595(a)(3) and (insertino). ■ 4947(a)(1) or ■ 927 required to attach Schedule B (form 990 or 990-EZ). Website: ► N/A The organization is not a section 595(a)(3) supporting organization and its gross recepts are normally not more transition. ■ 4947(a)(1) or ■ 927 required to attach Schedule B (form 990 return is not required, but if the organization chooses to file a return, be sure to like a complete return. Add (lines 50, Ba, and 7b, to line B (organization and 1) organization and section 595(a)(3) supporting organization and section 595(a)(3) supporting organization and section 596(a)(3) supporting organization and section 596(a)(3) supporting organization is not required, but if the organization is not required, but if the organization is not required. B (and 1) supporting organization is not required, but if the organization is not like the properties of the section of organization is not section of the section of organization is not section of the section of organization or section of the section of the section of organization or section of the section	Ļ	Amen								F Grou	ıp Exei	mption
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Website: ►N/A The exempt status (check only one)		• Sec	tion 501(c)(3) or			sts must attach	a com	pleted				X Cash Accrual
Tax-exampl status (Check only one) X 501(c) (3)	<u> </u>	Wehsit	a N/A		300 22/-	***						na organization is not
K Check ■ X If the organization is not a section 50(a)(3) supporting organization and its gross recepts are normally net more than \$25,000. A Form 990-£2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines \$5, 8b, and 7b, to line \$1 to determine gross recepts; if \$50,000 or more, file Form 990 netical of Form 990-£2 \$ 8, 0.88				ck only one) - X 501(c) (3)	◀ (insert no.)	4947(2)(1	\ or	527	1			•
Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line of bothermen gross seeplets; 450,000 or more, the form 990 instead of form 990 return is for Part I.) Contributions, giffs, grants, and similar amounts received												
Add links 50, 60, and 70, to line 9 to determine gross receivist; #\$500,000 or more, the form 990 instead of form 990-EZ		0.100.1									ilali wz	3,000. AT 0111 330-LZ 01
Part I	L	Add lin								1	S	8.088.
2 Program servence revenue including government fees and contracts 3 3 3 3 3 3 3 3 3			Revenue,	Expenses, and Changes i	n Net Asse	ts or Fund	Bala	inces (S	See the instr	uctions		t l.)
3 Membership dues and assessments 3 4 2 838 .		1	Contributions, g	ifts, grants, and similar amounts receive	edb						1	5,250.
Investment income		2	Program service	e revenue including government fees an	d contracts						2	
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b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here can be considered on line 1) b Less: direct expenses other than fundraising expenses c Nat income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods of or eventory (Subtract line 7b from line 6a) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe) 9 Total revenue 706 (mesh (7a), 5c, 6c) 7c, and 8 9 Total revenue 706 (mesh (7a), 5c, 6c) 7c, and 8 9 Total revenue 706 (mesh (7a), 5c, 6c) 7c, and 8 9 Total revenue 706 (mesh (7a), 5c, 6c) 7c, and 8 10 Gross profit or Compensation, and employee benefits 11 Selection of Compensation, and employee benefits 12 Selection (1a) (1a) (1a) (1a) (1a) (1a) (1a) (1a)		4	Investment inco	me							4	2,838.
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27 Not seem as final historians (line 27 of column (P) must serse with line 21) 110 EAE Log 11E 010					 _)	4.5.5			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 932 17 1 932 17 1 110,545.27 115,219.	93	7 Ne1							110,	<u>545</u>	. 27	115,219.

PERMANENT FUND TRUST FOR HARVARD Form 990-EZ (2009) TRAVELLERS CLUB Page 2 04-6115589 Part III | Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses What is the organization's primary exempt purpose? SEE STATEMENT 4 (Required for section 501(c)(3) and 501(c)(4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe section 4947(a)(1) trusts, optional the services provided, the number of persons benefited, and other relevant information for each program title. for others) 28 TO COLLECT AND ANALYZE ETHNOGRAPHIC DATA RELATING TO THE PERFORMANCE OF RELIGIOUS SINGING AT THE SIKH TEMPLE OF AMRITSAR IN PUNJAB (Grants \$) If this amount includes foreign grants, check here 3,000. 28a 29 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (attach schedule)) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a) ▶ 32 3,000. Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address per week devoted to (If not paid, enter account and benefit plans & position -0-.) other allowances deferred compensation GEORGE P. BATES TRUSTEE 99 UNIVERSITY RD., CANTON, 0. MA 02021 0.00 0. 0. THEODORE H.N. WALES TRUSTEE 6 COLONY RD, LEXINGTON, 02420 0. MA 0.00 0 0. JESSE REED PAGE TRUSTEE 109 CONANT RD, LINCOLN, MA 0.00 0. 0. 0.

Form **990-EZ** (2009)

PERMANENT FUND TRUST FOR HARVARD

Form 990-EZ (2009)

TRAVELLERS CLUB

04-6115589

Page 3

Ра	TY Other Information (Note the statement requirements in the instructions for Part V.)		Va-	NI-			
22	Did the eventuation engage in any activity not provingly reported to the IDCO If Was Fattack a detailed description of each activity.	+	Yes	No			
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organizing or poverning decuments? If "Yes," attach a conformed copy of the changes	33		X			
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes If the organization had uncome from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not	34					
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	. 1					
	reported on Form 990-T, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X			
_	If "Yes," has it filed a tax return on Form 990-T for this year?						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35b	N/	<u> </u>			
30	complete applicable parts of Sch. N	36		х			
27 0	Enter amount of political expenditures, direct or indirect, as described in the instructions.	30					
	Did the organization file Form 1120-POL for this year?	37b		х			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	370		-			
JU 4	in a prior year and still outstanding at the end of the period covered by this return?	38a		X			
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	002					
39	Section 501(c)(7) organizations, Enter:						
	Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1					
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1					
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶						
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the						
•	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	1		}			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			<u> </u>			
	or disqualified persons during the year under sections 4912, 4955, and 4958			ŀ			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		}				
	organization • 0.						
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	L	X			
41	List the states with which a copy of this return is filed. > MA						
42 a	The organization's books are in care of ▶ GEORGE P. BATES Telephone no. ▶ 781-82						
		202	1-0	190			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b	<u> </u>	<u> </u>			
	If "Yes," enter the name of the foreign country:		١				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X			
	If "Yes," enter the name of the foreign country:		_	$\overline{}$			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / 3					
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>				
			V	NI-			
	Did the assessment and assessment for deliferation of the second for the second f		1 69	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	١		.,			
	Form 990-EZ	44	├	<u> </u>			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	45		_ v			
	completed instead of Form 990-EZ	45 Form 0	100.53	X (2000)			
		rorm \$	13U-t2	(2009)			

PERMANENT FUND TRUST FOR HARVARD

Form 990-EZ (2009)

TRAVELLERS CLUB

04-6115589

Page 4

40 5	and 51.					
	e organization engage in direct or indirect political campaign activi	ities on behalf of or in opposition to c	andidates for public		Yes	_
office?	Pif "Yes," complete Schedule C, Part I				46	X
	e organization engage in lobbying activities? If "Yes," complete	•		-	47	X
	organization a school as described in section 170(b)(1)(A)(ii)? If '	•			48	X
	e organization make any transfers to an exempt non-charitable rela	ated organization?		Ļ	49a	X
	s," was the related organization a section 527 organization?			L	49b	Д
	lete this table for the organization's five highest compensated emp 3100,000 of compensation from the organization. If there is none,		, trustees and key e	mployees) who ea	ch received	i more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accour other allo	it and
f Total	number of other employees paid over \$100,000	>				
	plete this table for the organization's five highest compensated indi- nization. If there is none, enter "None." NONE	ependent contractors who each recei	ved more than \$100	,,ooo or compens	ation from t	.ne
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Type of se	rvice (c) Compens	ation
					.	
d Total	number of other independent contractors each receiving over \$10	00,000	>			
d Total Sign Here	Under penalties of perjury, I declare that I have examined this return, include correct, and complete. Declaration of preparer (other than officer) is based.	ding accompanying schedules and stateme on all information of which preparer has any	nts, and to the best of niknowledge		lief, it is true,	
Sign	Under penalties of perjury, I declare that I have examined this return, included correct, and demplete. Declaration of prepare (other than officer) is based. Signature of officer. Type or print name and title	ding accompanying schedules and statement on all information of which preparer has any the control of the contr	knowledge		,	
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return, included correct, and dependent Declaration of preparer (other than officer) is based. Signature of officer Type or print name and title Preparer's signature	ding accompanying schedules and statement on all information of which preparer has any distribution.	eck if self-	Date Date	3/10	nstr)
Sign Here	Under penalties of perjury, I declare that I have examined this return, included correct, and complete. Declaration of preparer (other than officer) is based. Signature of officer. Type or print name and title.	ding accompanying schedules and statemer on all information of which preparer has any Date 9/10/10 Children em	eck if self-ployed Pre	Date Date	umber (See in	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

PERMANENT FUND TRUST FOR HARVARD

20047

Open to Public

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

TRAVELLERS CLUB 04-6115589 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 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), 6 | X | 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (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? 11g(iii) Provide the following information about the supported organization(s), h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? US.7above or IRC section (see instructions)) Yes Yes No No No Yes

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

PERMANENT FUND TRUST FOR HARVARD Schedule A (Form 990 or 990 EZ) 2009 TRAVELLERS CLUB 04-6115589 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,307 5,617 5,363 4,806 5,250. 25,343. 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 4,307. 5,617. 5,363. 4,806. 5,250. 25,343. 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) 230. 25,113. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 4,307 5,617 5,363 5,250 25,343. 4,806 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties <u>3,6</u>17 2,149 3,182 3,372 2,838 15,158. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 40,501. 11 Total support. Add lines 7 through 10 12 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(c)(3)

_	organization, check this box and stop here	, , , , , , , , , , , , , , , , , , ,	▶[
Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	62.01	%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	62.71	%
16a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or nestop here. The organization qualifies as a publicly supported organization	nore, check t		X
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization	or more, ch	eck this box	
17a	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pameets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
b	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	n in Part IV h		
10	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported org		nuctions -	님
10			m 990 or 990-EZ)	200C

Part III Support Schedule for	Organizations	Described in	Section 509(a)	(2) (Complete only	f you checked the bo	x on line 9 of Part I.)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				ļ <u> </u>		
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in	j	}				
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			1		1	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i		1			
3 received from disqualified persons	3	L				
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				1		
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u></u>				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			ļ			
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties				ł		
and income from similar sources				ļ		
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975			<u> </u>	<u> </u>	<u> </u>	
c Add lines 10a and 10b		<u></u>				
11 Net income from unrelated business	S				1	
activities not included in line 10b, whether or not the business is		1		1		
regularly carned on				1		
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is t	or the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
check this box and stop here						▶□
Section C. Computation of Pul	olic Support Pe	ercentage				
15 Public support percentage for 2009	(line 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage from 20			·		16	%
Section D. Computation of Inv	estment Incom	ne Percentage	<u> </u>			
17 Investment income percentage for	2009 (line 10c, colu	ımn (f) dıvided by lı	ne 13, column (f))		17	%
18 Investment income percentage from	n 2008 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2009. If the	ne organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	organization qual	lifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2008. If the	ne organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	heck this box ands	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization						▶ □
				Sc	nedule A (Form 9	90 or 990-EZ) 2009

FORM 990-EZ OTHER	ASSETS	STATEMENT 1
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS INVESTED IN INDEX & GNMA FU	NDS 108,661.	114,899.
TOTAL TO FORM 990-EZ, LINE 24	108,661.	114,899.
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADD	GRANTEE'S	STATEMENT 2 AMOUNT
RESEARCH ACTIVITIES	NONE	3,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		3,000.

FOR	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S'	TATE	MENT	3
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT? []	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [1	YES	[X]	NO

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STATEMENT

TO PROVIDE GRANTS FOR RESEARCH ACTIVITIES THROUGHOUT THE WORLD