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| A For the 2006 calendar year, or tax year beginning JULY 1 _2006, and ending JULY 3 | | | | | 12(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and tota 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 | l | | |
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| What | t is the organization's primary exempt purpose? | SHARING INFORMATION/E | | ING | | ured for section)(3) and 501(c)(4) |
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| 31 | Other program services (attach schedule) . | · · · · · · · · · · · · | | | 1 | |
| | (Grants \$) If this amount | includes foreign grants, ch | | . 🕨 🗌 | 31a | |
| _ | Total program service expenses (add lines 28a | | | <u> </u> | 32 | |
| Par | List of Officers, Directors, Trustees, and Ke | y Employees. List each one er (b) Title and average | ven if not compensa (c) Compensation | ted (See the | | (e) Expense |
| | (a) Name and address | hours per week | (If not paid, | employee benefit | t plans & | account and |
| 14.61 | BURNS | devoted to position | enter -0) | deferred compe | nsation | other allowances |
| | GRAND STREET, NEW MILFORD, NJ 07646 | PRESIDENT | 0 | | 0 | 0 |
| | NA WEBER | · · · · · · · · · · · · · · · · · · · | | | | |
| | AIRMONT AVE, MAHWAH, NJ 07430 | | 0 | | 0 | 0 |
| PAU | LINE WILSON | 2ND VICE PRESIDENT | | | | |
| 5 YO | RKTOWN LANE, TOTOWA, NJ 07512 | 2ND VICE PRESIDENT | 0 | | 0 | 0 |
| | AN HAMMER | 2ND VICE PRESIDENT | | | | |
| | ENRY STREET, ORANGEBURG, NY 10962 | | 0 | | 0 | 0 |
| | | TREASURER | | | • | |
| | IDDEN GLEN ROAD, UPPER SADDLE RIVER, NJ | | 0 | | 0 | 0 |
| | SEDITA NORTH AVENUE, WOODRIDGE, NJ 07075 | ASST TREASURER | 0 | | 0 | 0 |
| | | | | | | |
| | STONEWALL COURT, FRANKLIN LAKES, NJ 07417 | SECRETARY | 0 | | 0 | 0 |
| | REBARTH | | | | | |
| 225 | HIGHWOOD AVENUE, RIDGEWOOD, NJ 07450 | ASST SECRETARY | _0 | | 0 | 0 |
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Form 990-EZ (2009)

| Form 99 | 90-EZ (2009) | | P | age 3 |
|----------|---|-------------|-----|--------------|
| Part | V Other Information (Note the statement requirements in the instructions for Part V.) | | | |
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | \checkmark |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 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, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a | | | , |
| b 38a | Did the organization file Form 1120-POL for this year? | 37b | | √ |
| 000 | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 | - | | |
| ь 40а | Gross receipts, included on line 9, for public use of club facilities | - 1 | | |
| 404 | section 4911 \triangleright 0, section 4912 \triangleright 0; section 4955 \triangleright 0 | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified | | | |
| | person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | 40% | | ✓ |
| с | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | 40b | | |
| Ū | 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 | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | 40e | | ✓ |
| 41 | List the states with which a copy of this return is filed. | | | |
| 42a | | 201-82 | | 1 |
| L | Located at > 49 HIDDEN GLEN ROAD, UPPER SADDLE RIVER, NJ ZIP + 4 > | 074 | 58 | |
| D | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial | [| Yes | No |
| | account)? | 42b | | \checkmark |
| | 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 US.? | 42c | | ✓ |
| 40 | If "Yes," enter the name of the foreign country: | | | |
| 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 | ••• | . • | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44 | | ✓ |
| 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 completed instead of Form 990-EZ. | A = | | |
| | | 45 m 990 | | (2000) |

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form 990-EZ (2009)

| Part | 90-EZ (2009) | no ond onether 4 | 047(c)(4) | womet ak anti- | | llocation |
|-----------------|---|---|--|---|---|------------------------|
| t ai t | Section 501(c)(3) organization 501(c)(3) organizations and sec and complete the tables for line | ns and section 4 ction 4947(a)(1) no es 50 and 51. | onexempt char | table trusts mu | st answer questic | ons 46-49b |
| 46 | Did the organization engage in direct o candidates for public office? If "Yes," cr | | | | r in opposition to | Yes |
| 47 | Did the organization engage in lobbying | activities? If "Yes, | " complete Sche | dule C, Part II | | 47 |
| 48 | Is the organization a school as described | | • | | θΕ | 48 |
| 49a | Did the organization make any transfers | | | | | 49a |
| b | If "Yes," was the related organization a | • | | • | | 49b |
| 50 | Complete this table for the organization | | | | | trustees and |
| | employees) who each received more th | | | | | |
| | (a) Name and address of each employee paid mon than \$100,000 | re (b) Tit | tle and average urs per week ted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account ar |
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| | Total number of other employees paid of Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest co | mpensated inde | | - tors who each rec | eived more |
| f 51 | Complete this table for the organizatio \$100,000 of compensation from the org | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | | |
| | Complete this table for the organizatio | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | tors who each rec | |
| | Complete this table for the organizatio \$100,000 of compensation from the org | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | | |
| | Complete this table for the organizatio \$100,000 of compensation from the org | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | | |
| | Complete this table for the organizatio \$100,000 of compensation from the org | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | | |
| | Complete this table for the organizatio \$100,000 of compensation from the org | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | | |
| | Complete this table for the organizatio \$100,000 of compensation from the org | on's five highest co ganization. If there | ompensated inde is none, enter "N | lone." | | |
| 51 | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and address of each independent | on's five highest co ganization. If there contractor paid more th | ompensated inde | lone." (b) Ty | | |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and address of each independent (a) Total number of other independent cont | n's five highest co ganization. If there contractor paid more th | ving over \$100,00 | lone." (b) Ty | pe of service | (c) Compensa |
| 51 | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and address of each independent | n's five highest co ganization. If there contractor paid more th contractors each recent tractors each recent | ompensated inde is none, enter "N an \$100,000 | (b) Ty (b) Ty | pe of service | (c) Compensa |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and address of each independent (a) Name and address of each independent cont (a) Name and address of each independent cont (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete | n's five highest co ganization. If there contractor paid more th contractors each recent tractors each recent | ompensated inde is none, enter "N an \$100,000 | (b) Ty (b) Ty | pe of service | (c) Compensa |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and address of each independent (a) Name and address of each independent (b) Name and address of each independent (c) Name and address of each independent contained (c) Name and address of each independent (c) Name and (c) Name an | n's five highest co ganization. If there contractor paid more th contractors each recent tractors each recent | ompensated inde is none, enter "N an \$100,000 | (b) Ty (b) Ty | atements, and to the bear | (c) Compensa |
| 51 d Sign | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (b) Name and address of each independent contained (b) Name and address of each independent contained (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete (b) Name and address of perjury, I declare that I has and belief, it is true, correct, and complete | n's five highest co ganization. If there contractor paid more th contractors each receiv tractors each receiv ave examined this return | ompensated inde is none, enter "N an \$100,000 ving over \$100,0 , including accompar other than officer) is t | Ione." (b) Ty (b) Ty (c) Ty (c | atements, and to the bear | (c) Compensa |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent Total number of other independent cont Under penalties of perjury, I declare that I he and belief, it is true, correct, and complete Under penalties of perjury, I declare that I he and belief, it is true, correct, and complete Signature of officer JAN BURNS, PRESIDENT Type or print name and title Preparer's Signature Firm's name (or MARGAPET | n's five highest co ganization. If there contractor paid more th contractors each receiv tractors each receiv ave examined this return | ompensated inde is none, enter "N an \$100,000 ving over \$100,0 , including accompar other than officer) is to Date (o/s | tone." (b) Ty (b) Ty (c) Ty (| atements, and to the bear not which preparer has | (c) Compensa |

OMB No 1545-0047 SCHEDULE A **Public Charity Status and Public Support** (Form 990 or 990-EZ) nq Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization **BROWNSTONE QUILTERS GUILD** 22 2761496 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 8 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % 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 a 🗌 Type I **b** 🗍 Type II c
Type III-Functionally integrated d 🗌 Type III–Other 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) or section 509(a)(2) f 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 a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(II) (ii) A family member of a person described in (i) above? (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 (iv) is the organization (v) Did you notify (i) Name of supported (III) Type of organization (ii) EIN (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes Yes Yes No No No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

| Sche | dule A (Form 990 or 990-EZ) 2009 | | | | | | | Page 2 |
|-----------------|--|--------------------------------|-------------------------------------|---|-----------------------------------|-----------------|-----------------------|------------------|
| | t II Support Schedule for Org (Complete only if you chec | | | | | and | 170(b)(1 | l)(A)(vi) |
| Sec | tion A. Public Support | | | | | | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e |) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | | |
| 2 | 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 | | | ļ | | | | |
| 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) | | | | | | | |
| <u>6</u> Soc | Public support. Subtract line 5 from line 4 tion B. Total Support | I | | | 1 | ! | | _ . |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | le (e |) 2009 | (f) Total |
| | | (0, 2000 | (5) 2000 | (0) 2001 | (4, 2000 | | , 2000 | (1) 10101 |
| 7 8 | 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 | | | | | ļ | r | |
| 12 | Gross receipts from related activities, etc | • | | | | 12 | l | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su | ere | • | nd, third, fourth | n, or fifth tax y | ear a: | a sectio | on 501(c)(3) |
| | Public support percentage for 2009 (line | | | 1 oolump (ft) | | 14 | | % |
| 14 | 5 | | , | | | 14 | i | <u> </u> |
| 15 16a | Public support percentage from 2008 Schedule A, Part II, line 14 | | | | | | | |
| b | 33% % support test-2008. If the organization dualities as a publicly supported organization 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17a | 10%-facts-and-circumstances test-20 more, and if the organization meets the "fa organization meets the "facts-and-circum | acts-and-circu | mstances" test, | check this box | and stop here. | . Expla | ain in Part | IV how the |
| ь 18 | 10%-facts-and-circumstances test-2008 more, and if the organization meets the "f organization meets the "facts-and-circumsta Private foundation. If the organization did | acts-and-circunances" test The | nstances" test, of organization qua | check this box a alifies as a public | and stop here cly supported or | Expla ganiza | in in Part ition . | Ⅳ how the ► □ |
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Schedule A (Form 990 or 990-EZ) 2009

| Carton Support Schedule for Organizations Described in Section 509(a)(2) Section A. Public Support Complete only if you checked the box on line 9 of Part I.) Calendaryear (or fiscalyear beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (I) Total I Gits, grints, contributions, and membership fees receved (Do not include any 'unused) grints '' (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (I) Total 2 Goss recepts from admession, merichandle grintmaster and state watch of the spectral grintmaster any activity that related to the spectral grintmaster any activity that related to the spectral grintmaster and the grintmaster any activity that related to the spectral grintmaster and the grintmaster and grintmaster and grintmaster an | Sche | dule A (Form 990 or 990-EZ) 2009 | | | | | | Page 3 |
|---|---------|--|---------------|-------------------|--------------------------|-------------------|-----------------|-----------|
| Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (0) Total I Gits. grants. contributions, and membership fees received (Do not include any "unusual grants"). 13100 6620 11382 8100 39202 2 Gess receipts from admession, mechanismo, membership fees received (Do not include any "unusual grants"). 13100 6620 11382 8100 39202 2 Gess receipts from admession, mechanismo, membership fees received (Do not include any activity that related to the organization's tax-sempt purpose. 23259 -999 4011 3222 21478 3 Goss receipts from admession admess | Pa | | | | |)(2) | | |
| Calendaryear (or fiscal year beginning in) + (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, combuctors, and membershy bern admission, merchandles from admission, for the admis | <u></u> | | ed the box o | n line 9 of Pa | rt I.) | | | |
| I Gris. grants. contributions, and membership fees received (Do not include any 'unsustaing inparts ') I 13100 6620 11382 81000 39202 2 Griss received (Do not include any 'unsustaing inparts ') I 13100 6620 11382 81000 39202 2 Griss received (Do not include any 'unsustaing inparts ') I 13100 6620 11382 81000 39202 3 Griss received (Do not include any 'unsustaing 'inparts ') I 13100 | | | (2) 2005 | (b) 2006 | (a) 2007 | (d) 2008 | (a) 2000 | (f) Total |
| membership fees received (Do not include any 'uncassi grants ') 13100 6620 11362 8100 39202 2 Gross receives promading and to ball of a vorces performed, introductate or baness under to facilities introductate or baness under to the angenzation's benefit and there paid to a required introductate or baness under to the angenzation's benefit and there paid to a required introductate or baness under to the angenzation's benefit and there paid to a required introductate or baness under to the angenzation's benefit and there paid to a required introductate or baness under to the angenzation's benefit and there paid to a required introductate or baness under to the angenzation's benefit and there paid to a required introductation there is 1, 2, and 3 received from disputative persons introductation lines 2 and 3 received from disputative persons interactive is 0,000 or 1% of the oligon and 7b excitate is and 7b of a Anounts included on lines 2 and 3 received from disputative persons that estimate it is 15 to 50,000 or 1% of the oligon and 7b excitate is and 7b of Anounts included on lines 2 and 3 received in disput is 15 to 50,000 or 1% of the oligon and 7b excitate is and 7b of Anounts included in lines 2 and 3 received in disput is 15 to 50,000 or 1% of the oligon and 7b excitate is and 7b of Anounts included in lines 2 and 3 received in a disput is 10 and 7b excitate is and 7b of Anounts included in lines 2 and 3 received in a disput is 10 and 7b of Anounts included in lines 2 and 3 received in a disput is 10 and 7b of Anounts included in lines 2 and 3 received in a disput is 10 and 7b of Anounts included in lines 10, and 12 to 20 for include gian or bas from the sale of capital issues acquired area unone 30 1075. (a) 2005 (b) 2005 (c) 2007 (d) 2008 (d) 2008 (d) 2008 | 0 | aendar year (or riscar year beginning in) 🕨 | (a) 2003 | (b) 2000 | (0) 2007 | (0) 2000 | (e) 2009 | (1) 10(a) |
| any 'unusual grants') 13100 6520 11322 9100 39202 2 Gross recepts from admission, mechandles and or services performed, or tables the grantales that even of the tree and provide table to the services of the tree torigonial on the even of the congrunt to the sector to advise that an ord an undellaf table or basines under section 513 0 | 1 | | | | | | | |
| 2 Goss receipts from admissions, mechanizes and or serves performed, or facilities for memory activity that is related to the organization's law exempt purposed. 3 Goss receipts from admissions, mechanizes and or serves performed, is an exempt purposed. 3 Goss receipts from admissions, mechanizes and or serves performed, is an exempt purposed. 0 <t< td=""><td></td><td></td><td></td><td>13100</td><td>6620</td><td>11382</td><td>8100</td><td>39202</td></t<> | | | | 13100 | 6620 | 11382 | 8100 | 39202 |
| turnshed in any activity that is related to the organization's law every purpose 23259 -999 -4011 3229 21478 3 Goss recepts from activities that are not an unveiked red valuess such that are not an unveiked red valuess activities that are not an unveiked red valuess activities that are not an unveiked red valuess activities that are not an unveiked red values activities that are cover dron disqualified persons. 0 0 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons that amount on the 13 for the year 0 <td< td=""><td>2</td><td>Gross receipts from admissions, merchandise</td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | 2 | Gross receipts from admissions, merchandise | | | | | | |
| 3 Grass necepts from activities that are not an unrelated trade to business under section 513 are required to a expended on its behalf 0 | | furnished in any activity that is related to the | | 23259 | -999 | _4011 | 3229 | 21478 |
| Image: Display the intervent of the organization of benefit and ether paid to or expended on its behalf 0 | 3 | 0 111 | | | | | | |
| benefit and either paid to or expended on its behalf 0 | | | | 0 | U | | | U |
| formished by a governmental unto the organization without charge 0 0 0 0 0 6 Total. Add lines 1 through 5 36359 5621 6110 11329 59419 7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the grate of S,000 or 1% of the grate of S,000 or 0 | 4 | benefit and either paid to or expended on | | 0 | 0 | 0 | 0 | 0 |
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| b Total. Add lines 1 incuded on lines 1. 2, and 3 received from disqualified persons 0 | | | | | | | | 0 |
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Schedule A (Form 990 or 990-EZ) 2009

| Schedule A (Fo | | ge 4 |
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| Partiv | Supplemental Information. Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. | U; |
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