990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-1150

2009

Department of the Treasury Internal Revenue Service

			r year,	or tax year beginning	July 1	, 2009,	and ending	Jur	ne 30	, 20 10
E		1	Hease ise IRS	C Name of organization		·] (D Employ	er ide	ntification number
Ľ		ta transaction la	abel or	Children's Environmental Hea					52	-2305620
Ė	74	φ.	rint or ype.	Number and street (or P.O. box, if	mail is not delivered to street	address)	Room/suite E	E Telepho	ne nu	mber
Ē	Term	nated S	iee	110 Maryland Avenue, N.E.			#402		202	-543-4033
L	Amen		pecific	City or town, state or country, and	ZIP + 4	**************************************		Group	Exem	ntion
L	Applie	ahon pending tio	ons.	Washington, DC 20002			1	Numbe		ipcion .
	• Se	ection 501(c)(3) or	rganiz	ations and 4947(a)(1) nonexem	pt charitable trusts mu	st attach	G Account	ing Meth	od.	☐ Cash ☑ Accrua
Access			a con	pleted Schedule A (Form 990	or 990-EZ).		1	pecify) >		Caon En recida
										ganization is not
		site: ► www.ce					required			edule B (Form 990,
J	Tax-e	exempt status (che	eck on	ly one) — 📝 501(c)(3) ◀ (ii	nsert no.)	or 🗌 52	7 990-EZ,	or 990-P		
	Check	< ▶ ☐ if the o	organiz	ation is not a section 509(a)(3) su	pporting organization and	d its aross	receipts are nor	mally not	mon	e than \$25,000 A
	Form	990-EZ or Form 9	90 reti	um is not required, but if the org	ganization chooses to file	a return, i	be sure to file a	complete	retu	m
L	Add Iir	nes 5b, 6b, and 7b,	to line	9 to determine gross receipts; if \$	500,000 or more, file Form	990 instea	d of Form 990-EZ	7 🕨	\$	31840
	Part I	Revenue,	Expe	enses, and Changes in N	let Assets or Fund	Balance	s (See the in	structio	ons	or Part I.)
	1	Contributions	s, gifts	, grants, and similar amount	s received			. 1	1	317834
	2	Program serv	vice re	venue including government	fees and contracts			. 2		
	3	Membership	dues	and assessments				3		
	4	Investment in	come					. 4		
	5a	5a Gross amount from sale of assets other than inventory					· -	+		
Revenue	b	Less: cost or	other	basis and sales expenses.		5b	***		-	
	b Less: cost or other basis and sales expenses						. 5c	.		
	6	Special events an	nd activ	ities (complete applicable parts of So	chedule G). If any amount is	from gamin	io oa) . io. check here ▶ [-	
	a	Gross revenue	e (not	including \$	of contributions		.g,	_		
		reported on lin	ne 1)		or our modification of	6a			No.	
	b	Less: direct ex	xpens	es other than fundraising exp	penses	6b				
	С			from special events and ac			no 60)			
	7a	Gross sales of	finver	ntory, less returns and allowa	ances (Subtract time of	7a	ie (a)	. 6с	-	
	b		aoods			7b			***************************************	
	С) from sales of inventory (Sul						
	8	Other revenue	desc	cribe Fee for office sublea	se interest income	/a) .		. 7c	+	
	9	Total revenue	. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, a	nd 8	***************************************) 8	-	663
	10	Grants and sin	nilar a	mounts paid (attach schedul	ind o		* * * * * * * * * * * * * * * * * * *	9	+	318497
	11	Benefits paid t	to or f	or members	10)			10		
s,	12	Salaries other	com	pensation, and employee ber	nofita			. 11	-	- Andrew St Anna and Anna a
Expenses	13	Professional fe	ans an	d other payments to indeper	idents		* * * *	. 12	 	166200
De	14	Occupancy re	ent uti					. 13		95870
ŭ	15	The state of the s					. 14	-	25917	
	16	grammaria, poorage, and ampping						. 15	ļ	2727
	17							16		53299
(45	18	Excess or (defi-	cit) fo	the year (Subtract line 17 fr	on line Ol			17	ļ	344013
ets	19	Net assets or t	fund t	palances at beginning of year	om line 9)			18		-25516
SS		end-of-vear fig	ure re	palances at beginning of year ported on prior year's return)				1 .		
Net Assets	20									155797
ž	21	Not posts as 6	mnet	assets or fund balances (att	ach explanation)	* * .	* *	20	P04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Q.	rt II	Ralance Sh	una ba	alances at end of year. Comb	pine lines 18 through 2	0	<u> </u>	21		130281
نکد	كنتد	Datative 30	ccis.	If Total assets on line 25, co	olumn (B) are \$1,250,00	JO or mo			ed of	Form 990-EZ.
20	0-	nh na i		See the instructions for Part	*		(A) Beginning	of year		(B) End of year
22		sh, savings, and						165036	22	137314
23		nd and buildings		1 - + - + - + - + - + - + - + - + - +	* *				23	
24		ner assets (descr	ribe 🟲	understandstade propagagagagagagagagagagagagagagagagagagag	an and a state of the state of				24	
25		tal assets			* * * * * * *			165036	25	137314
26		tal liabilities (de)		9239	26	7033
27	Net	t assets or fund	l balaı	nces (line 27 of column (B) m	nust agree with line 21)		155797		130281

Wha Desi man	Statement of Program Service Accut is the organization's primary exempt purpose? cribe what was achieved in carrying out the ner, describe the services provided, the number program title.	To promote a healthy en- organization's exempt our	vironment for childi poses. In a clear	en.	501 orga 494	Expenses quired for section (c)(3) and 501(c)(4) anizations and section 7(a)(1) trusts; optional others.)		
28	Promoted the development of sound public healt Elevated public awareness of environmental haza Educated health professionals and policy makers							
29	(Grants \$) If this amou	28a	309612					
		irants \$) If this amount includes foreign grants, check here						
30	/ in this darroo	29a						
	(Grants \$) If this amou	30a	100 A 200 A					
	Other program services (attach schedule) (Grants \$) If this amou	nt includes foreign grants of	heck here		31a			
32	Total program service expenses (add lines 28	a through 31a) , , , ,		>	32			
Part	IV List of Officers, Directors, Trustees, and K	ey Employees. List each one	even if not compens	ated. (See the in	nstruc	tions for Part IV.)		
ana haransa marahaya	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit p deferred compens	s to dans &	(e) Expense account and other allowances		
*****	mona Trovato Severnview Dr. Crownsville, MD 21032	Board Chair 2 hrs / wk	-0	-	-0-	-0-		
*****	utt Reigart, MD utledge Ave. Med Univ of S. Carolina 29425	Found. Bd Chair 1 hr / wk	-0	-	-0-	-0-		
	3atchelor range Ave #960 Orlando, FL 32801	Vice Chair 1 hr / wk	-0.		-0-	-0-		
Elise	Miller, M.Ed. Dow Rd. Freeland, WA 98249	Secretary .5 hr / wk	-0-		-0-	-0-		
Nsedu	i Obot-Witherspoon, M.P.H. aryland Ave NE Ste 402 Washington, DC 20002	Executive Dir, 40 hrs / wk	73750			***************************************		
Lynn (Goldman, M.D., M.P.H. Wolfe Str., Rm 8511 Baltimore, MD 21205	Past Chair .50hr / wk		11	1878	-0-		
Brend	a Afzal, RN, MS /. Lombard St., Rm 655 Baltimore, MD 21201	Director .5 hr / wk	-0-		-0-	-0-		
Cynthi	a Bearer, M.D., Ph.D Green St., Ste GS110 Baltimore, MD 21201	Director .5 hr / wk	-0-		-0-	-0-		
Joy E.	Carlson, M.P.H. ampel St. Oakland, CA 94602	Director .5 hr / wk	-0-		-0-	-0-		
Joel H	unter, M. Div., D. Min. g Track Rd. Longwood, FL 32750	Director .5 hr / wk	-0-	: 	-0-	-0-		
Richar	d Jackson, M.D., M.P.H. 650 Chas E Young Dr. Los Angeles, CA 90095	Director .5 hr / wk	-0-		-0-	-0.		
Philip .	J. Landrigan, M.D. M. Sc ustave Levy PI Box 1057 NY, NY 10029	Direcotr .5 hr / wk	-0-	monomitaer william (ningtramonomica resson into su anno into	-0-	-D-		
Mark M	agana	Director .5 hr / wk	-0-	eritorina monthecomo como trama que tras e e e e e escalada da e adas de	-0-	-0-		
Peggy :	nnsylvania Ave., NW Washington, DC # 1010 20004 Shepard	Director .5 hr / wk	-0-	or free no annual contract and supplied that the supplied of t	-0-			
1638 Aı	nsterdam Ave., NY, NY 10031	SHECTOL STRIPMA	-0-		-0-	-0-		
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				kinamatanianianianianianianianianianianianiania		r direktiri Nasarka sarran sara na danan sasa mana sama sama da		
			Annual Constitution of the		April 1977			

Pa	Other Information (Note the statement requirements in the instructions for Part V.)	***************************************	***********	Page 3
	The state of the s	net source outstand brease a	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		1	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	34		
а	POLICE TO THE PROPERTY OF THE	35a		1
b		35b	+	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	of the state of th	-		
20°	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
b	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			ĺ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	100		Mariemuseudespu
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	The cold that depth manager		
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. ► CA, DC & MD			
12a	The organization's books are in care of ▶ Nsedu Obot-Witherspoon Telephone no. ▶ 20	2-543	-4033	
	Located at ► 110 Maryland Avenue, N.E. #402 Washington, DC ZIP + 4 ►	2000)2	*****
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	annesterment has
	If "Yes," enter the name of the foreign country: ▶	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Herror discount dippopulation to the	of the original and the second	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	12c	-	✓
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			П
	and enter the amount of tax-exempt interest received or accrued during the tax year	****	-	
		V	es N	lo.
4	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	14	-3 !!	. <u></u> ./
5	s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	15		·
		000 5		7

than \$100,000 employee benefit plans & acc	Yes No
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trusted employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Nous per week devoted to position None (a) Name and address of each employee paid more than \$100,000 of compensation from the organization (d) Contributions to employee benefit plans & deferred compensation of the organization (e) according to the organization of the organization (d) Contributions to employee benefit plans & deferred compensation of the organization of the or	es and ke one."
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trusted employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Nous per week devoted to position None (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation other	es and ke one."
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, truster employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Nous per week devoted to position than \$100,000 of the employee benefit plans & deferred compensation of the employee benefit	es and ke one." Expense
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, truster employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N. (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "N. (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation other (e) according to the compensation of the compensatio	es and ke one." Expense
Complete this table for the organization's five highest compensated employees (other than officers, directors, truster employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "N (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation other others.	one." Expense count and
(a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation of the compensation (e) according to the compensation of the compensation (e) according to the compensation (e) according to the compensation of the compensation (e) according to the compensation (e) according to the compensation of the compensation (e) according to the compen	one." Expense count and
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation other	Expense count and
than \$100,000 hours per week devoted to position employee benefit plans & deferred compensation other	ount and
None devoted to position other	allowances
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(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Comp.	ensation
d Total number of other independent contractors each receiving over \$100,000 ▶ None	ett til a stort fra til att skalle skall Skalle til att skalle skal
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle)wiedge dge,
ere Nedu Wot Witherspream 5/12/11 Signature of officer Date	emonotoriologia (m. p.
Nsedu Obot-Witherspoon	
Type or print name and title	
id Preparer's Oate Check if Preparer's identifying number [See instruction of the control of the	ructions)
Firm's name (or Laura France CDA	<i>I</i>
yours it self-employed), address and 700 ± 4 9005 Clifford Avenue Characteristics and 700 ± 4	#25mmMinustikus/Philippullaum
with IPS diensize this roturn with the many the line many	in a second contract of the second contract o
y the Wild discuss this return with the preparer shown above? See instructions	No

Part	Other Information (Note the statement requirements in the instructions for Part V.)		Page .
	(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	
34	Were any changes made to the organizing or governing documents? 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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	5	
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?	354	
36	If "Yes," has it filed a tax return on Form 990-T for this year?	35t	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	4	
38a	Did the organization file Form 1120-POL for this year?	37b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	
a b	Initiation fees and capital contributions included on line 9		
b	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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		
C S	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	
d :	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		A-P Hilds
e /	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ransaction? If "Yes," complete Form 8886-T.	40e	1
	list the states with which a copy of this return is filed. ► CA, DC & MD	700	<u></u>
	he organization's books are in care of ▶ Nsedu Obot-Witherspoon Telephone no. ▶ 2	02-54:	3-4033
	ocated at ► 110 Maryland Avenue, N.E. #402 Washington, DC ZIP + 4 ►	200	02
O	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	[Yes No
lf S	"Yes," enter the name of the foreign country: lee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	\
c A	any time during the colonder user slid the annual of	42c	
3 S ar	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •
Di Fo	id the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of form 990-EZ	and the same of th	res No
is is	any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44 45	Y

	Form	990	EZ	(2009)
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Page 4

Part		ection 501(c)(3) organizations and 01(c)(3) organizations and section 49 nd complete the tables for lines 50 a	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt chai itable trusts	ritable trusts only. If must answer question	All secons 4	ction 6–49	b
46	Did the	organization engage in direct or indirect	t political campaign activiti	es on behalf	of or in opposition to	entertainment erich annen pe	Yes	No
	Cariolo	ates for public office? If "Yes," complete	Schedule C, Part I			46		1
47	Did the	organization engage in lobbying activitie	es? If "Yes," complete Sche	dule C, Part I	1	47		1
48	Is the o	rganization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," c	omplete Sche	dule E	48		✓
49a b	Did the	organization make any transfers to an ex	xempt non-charitable relate	d organizatio	n?	49a		✓
50	Comple	" was the related organization a section be ete this table for the organization's five hi ees) who each received more than \$100,	ighest compensated emplo	vees (other th	nan officers, directors,	49b truste	es an	d ke
			(b) Title and average	(c) Compensa		hydronestoronostoronos		- MANAGEMENT AND ADDRESS OF THE PARTY OF THE
	(a) Name	and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	ace	Expen	nd
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None		Name and address of each independent contractor p	aid more than \$100,000	(b)	Type of service (c) Com	pensali	
d To	otal nun	nber of other independent contractors ea	ch receiving over \$100,000		None		- All to the day of the second	эйтун-апфіца теобранічаю,
	Unde and t	r penalties of perjury, I declare that I have examined elief, it is true, correct, and complete. Declaration of	this return, including accompanyin preparer (other than officer) is base	g schedules and : ed on all informati	statements, and to the best of ion of which preparer has an	if my kn v knowli	owledg edge.	je
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		ype or print name and title	000 mileti kan di kuntukun deli meleti ali milati adi adi milati	## (······································	
oid eparer's	Prepa signal	we Laway	Daty 5/9/11	Check if self-employed • [Preparer's identifying number P614 85	See ins	tructions)
se Only	yours	sef-employed Laura Frene, CFA				and the second contract of the second contrac	the second discount of the second	easter L
av the IE		s, and ZiP + 4 9005 Clifford Avenue, Ch	evy Chase, MD 20815	F	and the second s	6-670	7	nduntaria.
wy ore if	io uisci	uss this return with the preparer shown a	oove? See instructions .		· · · · · ► □ Y	es 990-E	No Z (200)9)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Children's Environmental Health Network 52 2305620 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). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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% % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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), 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization? 1 g(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 (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization in col. (i) listed in your (described on lines 1-9) the organization in organization in col support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? 115.7 Yes Yes

Ρ	Support Schedule for Org (Complete only if you ched	ganizations D	escribed in on line 5, 7, o	Sections 170 or 8 of Part I.	0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Se	ction A. Public Support	en remer habbenderen nom en propriori volumente en sistemisista anna Manad		- delite			armeter transcript such maker than armene adamental must use
C	alendar 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.")	137665	187907	249470	487051	317834	1379927
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			To the second second		And Bridge State And Andrews Assessment	
4	Total. Add lines 1 through 3	137665	187907	249470	487051	317834	1379927
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)						308245
6	Public support. Subtract line 5 from line 4.				***************************************		1071682
Sec	ction B. Total Support					~~~~~~~~ .	
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	137665	187907	249470	487051	317834	1379927
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30	7	9	39	63	148
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.)	600	600	10762	550	600	13112
11	Total support. Add lines 7 through 10			Į			1393187
12	Gross receipts from related activities, etc.	(see instructions	s)			12	
13 Sec	First five years. If the Form 990 is for to organization, check this box and stop her tion C. Computation of Public Sup	he organization' e	s first, second		or fifth tax yea		501(c)(3)
14	Public support percentage for 2009 (line 6.			column (fil)	·	14	77 %
15	Public support percentage from 2008 Sche			COMMINI (I)		15	72 %
16a	33%% support test—2009. If the organization qualifies a	ation did not che	ck the box on	line 13, and line	e 14 is 33% %		
b	33% % support test—2008. If the organization and stop here. The organization qualit	ation did not che	ck a box on lin	ie 13 or 16a, an	nd line 15 is 33	⅓% ar mare, c	
17a	10%-facts-and-circumstances test – 200 more, and if the organization meets the "facts-and-circumst organization meets the "facts-and-circumst	ts-and-circumst	ances" test, ch	eck this box an	distop here. E	kplain in Part IV	how the
b 8	10%-facts-and-circumstances test—2008. I more, and if the organization meets the "factorganization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did not	cts-and-circumsta ces" test. The org	inces" test, che ianization qualifi	ck this box and es as a publicly :	i stop here . Ex supported organ	plain in Part IV	how the

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-	Tt III Support Schedule for Orga (Complete only if you checke	inizations D ad the box o	escribed in to on line 9 of P	Section 509(art 1.)	a)(2)		
Se	ction A. Public Support		Northern ethiculate agusta agusta ann ann ann ann ann ann ann ann ann a		nan nga manangalakana manganan sa aminga nga garap kanahanga nga pag	till medjerer derik metrille de 19. M. jude serine se ser verser som sense states states settembere	er e
C	alendar 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.")				Professional Annual Programme Annual Professional Annual Professio	And a second property of the second property	Propries and the state of the s
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	hookookkaaserm uskriiriissamamassassassassassassassassassassassa					A CONTRACTOR AND
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	, , , , , , , , , , , , , , , , , , ,			karal ka		
6	Total. Add lines 1 through 5	***************************************			***************************************	-	+
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				erre lektor e e period e ser en proposition de destablishment ann som t		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	V Action	Anna Anna Anna Anna Anna Anna Anna Anna			No. of Contract of	
Sec	tion B. Total Support			**************************************			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			The delay of the control of the cont			
1	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				-res / Horner gas, restruccións s resuscionas and		en and a sea communicacy process and a sea of a sequence on popular popular popular popular popular popular po
	First five years. If the Form 990 is for the organization, check this box and stop he	re		f, third, fourth,			1 501(c)(3) ► L
	on C. Computation of Public Supp						inga memeridiki berdahakkan dikabankan dinasaran disasar
)	Public support percentage for 2009 (line a Public support percentage from 2008 School D. Computation of Investment	hedule A, Parl	III, line 15	13, column (f)		15	
	7 / / / / / / / / / / / / / / / / / / /	processing the party of the process of the party of the p	en de et seta tarrente arrespontibilità con arrespontation de la constitución de la const				
	nvestment income percentage for 2009 (I				ımn (f))	17	% %
	nvestment income percentage from 2008					18	
	33½ % support tests—2009. If the organi.						

33% % support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization \blacktriangleright 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Fo	orm 990 or 990-EZ) 2009		Page
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, See instruc	line 10
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