SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

See Instructions.

Inspection Name of the organization Employer identification number Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is: (Please check only one applicable box.) ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. **Section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 4 A medical research organization operated in conjunction with a hospital. 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. Section 5 170(b)(1)(A)(iv). (Complete the Support Schedule in Part II.) ☐ A federal, state, or local government or governmental unit. 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 Section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.) A community trust. Section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3 % 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. Section 509(a)(2). (Complete the Support Schedule in Part III.) An organization organized and operated exclusively to test for public safety. Section 509(a)(4). (See instructions.) 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). Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **c** Type III–Functionally Integrated **d** Type III–Other **b** ☐ Type II e Dy 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 g following persons? No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) a family member of a person described in (i) above? 11g(iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (vi) Is the (iii) Type of organization (i) Name of Supported (ii) EIN (iv) Is the organization (vii) Amount of organization in (i) in (i) listed in your Organization (described on lines 1-9 the organization in support organized in the above or IRC section.) governing document? (i) of your support? U.S.? Yes Nο Yes Nο Yes Nο

Total

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Pai	Support Schedule for Org (Complete only if you chec					170(b)(1)(A)(
Pub	lic Support				,		-
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5	Amounts included on line 1 from each person (other than a governmental unit or publicly supported organization) whose total payments for the years in columns (a) through (e) exceeded 2% of the amount shown on line 11 column (f) Public Support (line 4 minus line 5) .						
Tota	al Support						
Ca	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		•		2		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	G	0,	00	0		
10	Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets		1				
11	Total Support (Add lines 7 through 11)						
12	Gross receipts from related activities, etc	. (See instruction	ons.)			12	
13	First Five Years If the Form 990 is for the check this box and stop here	e organization' · · · · ·					
Cor	nputation of Public Support Perce	ntage					
14	Public Support Percentage for 2008 (lin	ne 6 column (f) divided by lin	ne 11 column (f))	14	%
15	Public Support Percentage from 2007	Schedule A, P	art IV-A, line 2	.ef		15	%
16a	331/3 % Test - 2008 If the organization and stop here. The organization qualif						ck this box
b	331/3 % Test - 2007 If the organization box and stop here. The organization of					3⅓ % or more, 	check this
17a	10% Facts and Circumstances Test is 10% or more, and if the organization in Part IV how the organization meets the organization	meets the "fac	cts and circum	stances" test,	check this box	and stop here	e. Describe
b	10% Facts and Circumstances Test 15 is 10% or more, and if the organiz Describe in Part IV how the organization	zation meets tl	he "facts and	circumstances	" test, check	this box and	stop here.

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Pub	lic Support	<u></u>					
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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				8		
6	Total						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	2	9	20			
7b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of line 13 for the year or \$5,000		100				
8	Total of lines 7a and 7b						
Total Support							
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6	0 1					
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 6/30/75						
10c 11	Total of lines 10a and 10b						
12	Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
13 14	Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the check this box and stop here	e organization'					
Cor	nputation of Public Support Perce						
15 16	Public Support Percentage for 2008 (li Public Support Percentage from 2007	ine 8 column (f				15 16	%
	nputation of Investment Income F		, -			- 1	70
17	Investment Income Percentage for 200)8 (line 10c col	lumn (f) divided	by line 13 co	lumn (f)) .	17	%
18	Investment Income Percentage from 2					18	%
19a	33\% % Tests - 2008 If the organizatio not more than 33\% %, check this box						
b	33\% % Tests - 2007 If the organization is not more than 33\% %, check this box	and stop here.	. The organization	on qualifies as	a publicly supp	orted organiza	tion▶ □
20	Private Foundation If the organization	ala not check	a box on line	14, 19a or 19b	, cneck this bo	ox and see ins	tructions 🕨 🔲

	Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 17a or 17b, the explanation for Part II, line 10, or Part III, line 12, and any other additional information.
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