**SCHEDULE N-1 (Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Schedule N (Form 990 or 990-EZ)

► **Attach to Form 990 or 990-EZ to list additional information for Schedule N (Form 990 or 990-EZ) Part I, line 1; or Part II, line 1.**

► **See instructions for Schedule N (Form 990 or 990-EZ).**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**

**Employer identification number**

## Part I Continuation of Liquidation, Termination, or Dissolution (Schedule N (Form 990 or 990-EZ), Part I, line 1.)

| **(a)** Description of asset(s) distributed or transaction expenses paid | **(b)** Date of distribution | **(c)** Fair market value of asset(s) distributed or amount of transaction expenses | **(d)** Method of determining FMV for asset(s) distributed or transaction expenses | **(e)** EIN of recipient | **(f)** Name and address of recipient | **(g)** IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Part II** **Continuation of Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets** (Schedule N (Form 990 or 990-EZ), Part II, line 1.)

| **(a)** Description of asset(s) distributed or transaction expenses paid | **(b)** Date of distribution | **(c)** Fair market value of asset(s) distributed or amount of transaction expenses | **(d)** Method of determining FMV for asset(s) distributed or transaction expenses | **(e)** EIN of recipient | **(f)** Name and address of recipient | **(g)** IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |